

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

THE CONSERVATIVE STRIKEFORCE

ADDRESS (number and street) ▼

2776 S ARLINGTON MILL DRIVE

# 806

☐ Check if different than previously reported. (ACC)

ARLINGTON

VA

22206

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00457291

3. IS THIS  
REPORT☐ NEW  
(N)

OR

☒ AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☒ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
01 01 2014

through

M M M / D D D / Y Y Y Y Y Y  
03 31 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer SCOTT B MACKENZIE

Signature of Treasurer

SCOTT B MACKENZIE

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
07 08 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

THE CONSERVATIVE STRIKEFORCE

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2014 To: M M / D D / Y Y Y Y 03 / 31 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y</span> 2014		63446.34
(b) Cash on Hand at Beginning of Reporting Period.....	63446.34	
(c) Total Receipts (from Line 19) .....	469105.33	469105.33
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	532551.67	532551.67
7. Total Disbursements (from Line 31) .....	473918.77	473918.77
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	58632.90	58632.90
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	193167.17	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

THE CONSERVATIVE STRIKEFORCE

Report Covering the Period:

From:

 M M / D D / Y Y Y Y  
 01 / 01 / 2014

To:

 M M / D D / Y Y Y Y  
 03 / 31 / 2014
**I. Receipts**
**COLUMN A**  
**Total This Period**
**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

80470.00

80470.00

(ii) Unitemized .....

384782.02

384782.02

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

465252.02

465252.02

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ►

465252.02

465252.02

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

700.00

700.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

1.00

1.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

3152.31

3152.31

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ►

469105.33

469105.33

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ►

469105.33

469105.33

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	463843.77	463843.77
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	463843.77	463843.77
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	5000.00
24. Independent Expenditures (use Schedule E) .....	4375.00	4375.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	700.00	700.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	473918.77	473918.77
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	473918.77	473918.77

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	465252.02	465252.02
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	465252.02	465252.02
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	463843.77	463843.77
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	463843.77	463843.77

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 6 OF 150

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. ROBERT ANDERSEN 282**

Mailing Address 201 PERRIN PL

City  
CHARLOTTEState Zip Code  
NC 28207FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	21	/	2014

Transaction ID : SA11AI.77655

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. CHARLES ANDREWS 497**

Mailing Address PO BOX 40

City  
ELLSWORTHState Zip Code  
MI 49729FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	08	/	2014

Transaction ID : SA11AI.78867

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. MRS MYRA ASPLUNDH 190**

Mailing Address PO BOX 11

City  
BRYN ATHYNState Zip Code  
PA 19009FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	06	/	2014

Transaction ID : SA11AI.75302

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. RICHARD BALLANTYNE 329

Mailing Address 523 ISLAND CT

City

IHB

State

FL

Zip Code

32937

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 20 / 2014

Transaction ID : SA11AI.78932

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. MICHAEL BARKER 300

Mailing Address 305 HELENS MANOR DR

City

LAWRENCEVILLE

State

GA

Zip Code

30045

FEC ID number of contributing  
federal political committee.

C

Name of Employer

CHEATHAM COUNTY SCHOOLS

Occupation

EDUCATOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 18 / 2014

Transaction ID : SA11AI.69855

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. MRS NANCY L BARNHART 380

Mailing Address 7370 WALSH RD

City

MILLINGTON

State

TN

Zip Code

38053

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 13 / 2014

Transaction ID : SA11AI.68593

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)..... ►

900.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 150

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. MRS NANCY L BARNHART 380**

Mailing Address 7370 WALSH RD

City

MILLINGTON

State

TN

Zip Code

38053

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2014

Transaction ID : SA11AI.68594

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MR RAY R BARRETT 797 JR**

Mailing Address HC 34 BOX 3

City

MIDKIFF

State

TX

Zip Code

79755

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

FARMER &amp; RANCHER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2014

Transaction ID : SA11AI.75331

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. GAY BAUKOL 852**

Mailing Address 9290 E THOMPSON PEAK PKWY #250

City

SCOTTSDALE

State

AZ

Zip Code

85255

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	15	/	2014

Transaction ID : SA11AI.78976

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1400.00

**TOTAL** This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. DONALD BEATY 338**

Mailing Address PO BOX 1259

City

LAKE WALES

State

FL

Zip Code

33859

FEC ID number of contributing  
federal political committee.

C

Name of Employer

PETE BEATY RANCH LLC

Occupation

MANAGING PARTNER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 03 / 2014

Transaction ID : SA11AI.64622

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. MR DAVID WAYNE BELL 750**

Mailing Address 1909 DEBORAH DR

City

SHERMAN

State

TX

Zip Code

75090

FEC ID number of contributing  
federal political committee.

C

Name of Employer

G&H MOTOR FREIGHT INC

Occupation

TRUCK DRIVER

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 04 / 2014

Transaction ID : SA11AI.68607

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. FRED BIALEK 940**

Mailing Address 200 WINDING WAY

City

WOODSIDE

State

CA

Zip Code

94062

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 09 / 2014

Transaction ID : SA11AI.79029

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

600.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

 FOR LINE NUMBER: PAGE 10 OF 150  
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. MS WINIFRED BLINN 334**

Mailing Address 1751 WOOD FERN DR

City	State	Zip Code
BOYNTON BEACH	FL	33436

FEC ID number of contributing federal political committee.

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	17	/	2014

Transaction ID : SA11AI.68636

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**B. MR JOSEPH BOLAND 303**

Mailing Address 2525 POTOMAC AVE NE

City	State	Zip Code
ATLANTA	GA	30305

FEC ID number of contributing federal political committee.

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	14	/	2014

Transaction ID : SA11AI.64718

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C. MR TED BOWMAN 344**

Mailing Address 2440 NE 7TH ST

City	State	Zip Code
OCALA	FL	34470

FEC ID number of contributing federal political committee.

Name of Employer

TED BOWMAN INC

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	10	/	2014

Transaction ID : SA11AI.68648

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. MR HARRY A BRANDT 321**

Mailing Address 4711 VAN KLEECK DR

City State Zip Code  
 NEW SMYRNA BEACH FL 32169

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 03 / 2014

**Transaction ID : SA11AI.75458**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. ANNE BRINKERHOFF 220**

Mailing Address 5411 POINT LONGSTREET WAY

City State Zip Code  
 BURKE VA 22015

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 13 / 2014

**Transaction ID : SA11AI.79148**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. MISS WANDA C BRINKLEY 773**

Mailing Address 9505 NORTHPOINTE BLVD APT 9310A

City State Zip Code  
 SPRING TX 77379

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 24 / 2014

**Transaction ID : SA11AI.64788**

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1750.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 150

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. PATRICIA W BRYAN 058**

Mailing Address 324 WISHING WELL AVE

City  
NEWPORTState Zip Code  
VT 05855FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

BED &amp; BREAKFAST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	07	/	2014

Transaction ID : SA11AI.70204

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. MS ELIZABETH BRYDEN 100**

Mailing Address 1 W 67TH ST APT 611

City  
NEW YORKState Zip Code  
NY 10023FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

DANCER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

705.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	17	/	2014

Transaction ID : SA11AI.64842

Amount of Each Receipt this Period

705.00

Full Name (Last, First, Middle Initial)

**C. DR ENRIQUE BURSZTYN 475 MD**

Mailing Address 1213 BURNETT LN

City  
VINCENNESState Zip Code  
IN 47591FEC ID number of contributing  
federal political committee.

C

Name of Employer

GOOD SAMARITAN HOSPITAL

Occupation

NEURORADIOLOGIST

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	24	/	2014

Transaction ID : SA11AI.68676

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

1205.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 150

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. MR CHUCK CAMP 442**

Mailing Address 3450 LAWNGDALE DR

City  
KENTState  
OHZip Code  
44240FEC ID number of contributing  
federal political committee.

C

Name of Employer

WINDSTREAM

Occupation

SWITCH TECHNICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	04	/	2014

Transaction ID : SA11AI.70297

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MS SUE M CANNON 802**

Mailing Address 6420 W LAKERIDGE RD

City

LAKEWOOD

State

CO

Zip Code

80227

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	17	/	2014

Transaction ID : SA11AI.64919

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. JONI CARPENTER 760**

Mailing Address 1507 PEBBLE BAY CT

City

GRANBURY

State

TX

Zip Code

76048

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	03	/	2014

Transaction ID : SA11AI.79253

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1600.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

**A. MS DONNA CARRICO 902**

Mailing Address 221 AVENUE D

City	State	Zip Code
REDONDO BEACH	CA	90277

FEC ID number of contributing federal political committee.

C

Name of Employer

MATH TECH

Occupation

IT MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2014

Transaction ID : SA11AI.77823

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. MR JOSEPH CARTY 020**

Mailing Address 235 RIVER ST

City	State	Zip Code
NORWELL	MA	02061

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	17	/	2014

Transaction ID : SA11AI.68697

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

**C. DICEY S CHILDERS 350**

Mailing Address 8517 JOY RD

City	State	Zip Code
BLOUNTSVILLE	AL	35031

FEC ID number of contributing federal political committee.

C

Name of Employer

THE ALABASTER BOX

Occupation

CHRISTIAN BOOKSTORE OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

203.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2014

Transaction ID : SA11AI.68709

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

425.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. MS DORIS M CHURCH 346**

Mailing Address 1973 DUNLOE CIR

City  
DUNEDIN

State Zip Code  
FL 34698

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 20 / 2014

Transaction ID : SA11AI.75611

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. MR EDWARD CLARK 600**

Mailing Address 138 EDDY LN

City  
NORTHFIELD

State Zip Code  
IL 60093

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 31 / 2014

Transaction ID : SA11AI.65015

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. MRS ELLOINE M CLARK 752**

Mailing Address 3716 MAPLEWOOD AVE

City  
DALLAS

State Zip Code  
TX 75205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 31 / 2014

Transaction ID : SA11AI.75625

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1750.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 16 OF 150  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. MRS ELLOINE M CLARK 752**

Mailing Address 3716 MAPLEWOOD AVE

City	State	Zip Code
DALLAS	TX	75205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2014

Transaction ID : SA11Al.75631

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. MRS ELLOINE M CLARK 752**

Mailing Address 3716 MAPLEWOOD AVE

City	State	Zip Code
DALLAS	TX	75205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2014

Transaction ID : SA11Al.70410

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MRS ELLOINE M CLARK 752**

Mailing Address 3716 MAPLEWOOD AVE

City	State	Zip Code
DALLAS	TX	75205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2014

Transaction ID : SA11Al.75626

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)..... ►

4600.00

TOTAL This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 150

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. JUDITH SOMERSET CLARK 902**

Mailing Address 19781 GRAND VIEW DR

City  
TOPANGAState Zip Code  
CA 90290FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	24	/	2014

Transaction ID : SA11AI.68715

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. MRS ELEANOR COBB 900**

Mailing Address 131 S VISTA ST

City  
LOS ANGELESState Zip Code  
CA 90036FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	13	/	2014

Transaction ID : SA11AI.65036

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. MS MARY CONAWAY 352**

Mailing Address 306 EASTON CIR

City  
BIRMINGHAMState Zip Code  
AL 35223FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	06	/	2014

Transaction ID : SA11AI.65064

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

750.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 18 OF 150  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. MR JAMES COOLEY 283**

Mailing Address 5 CHATHAM LN

City	State	Zip Code
PINEHURST	NC	28374

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

209.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	31	/	2014

Transaction ID : SA11AI.65083

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MR JAMES COOLEY 283**

Mailing Address 5 CHATHAM LN

City	State	Zip Code
PINEHURST	NC	28374

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

259.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	19	/	2014

Transaction ID : SA11AI.65082

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. GARY COUGHLAN 341**

Mailing Address 1100 5TH AVE S , STE 201

City	State	Zip Code
NAPLES	FL	34102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	27	/	2014

Transaction ID : SA11AI.79370

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

300.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

**A. GARY CROCKER 666**

Mailing Address 43 SW PEPPER TREE LN

City	State	Zip Code
TOPEKA	KS	66611

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2014

Transaction ID : SA11AI.68740

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. JAMES DAVISON 902**

Mailing Address 412 N PALM DR APT #105

City	State	Zip Code
BEVERLY HILLS	CA	90210

FEC ID number of contributing federal political committee.

C

Name of Employer

PACKET COLOR INC

Occupation

ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	10	/	2014

Transaction ID : SA11AI.70652

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

**C. MRS BARBARA DE SAUSSURE 945**

Mailing Address 3842 BROOKDALE BLVD

City	State	Zip Code
CASTRO VALLEY	CA	94546

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	06	/	2014

Transaction ID : SA11AI.75749

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1295.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. WAYNE DEWITT 986**

Mailing Address 10816 SE EVERGREEN HWY

City State Zip Code  
 VANCOUVER WA 98664

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 / 06 / 2014

**Transaction ID : SA11AI.79483**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. JOYCE DILL 452**

Mailing Address 3725 WEST CENTER ST

City State Zip Code  
 CINCINNATI OH 45227

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 20 / 2014

**Transaction ID : SA11AI.79508**

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. JOYCE DILL 452**

Mailing Address 3725 WEST CENTER ST

City State Zip Code  
 CINCINNATI OH 45227

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 22 / 2014

**Transaction ID : SA11AI.79502**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

700.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 21 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. JOYCE DILL 452**

Mailing Address 3725 WEST CENTER ST

City State Zip Code  
 CINCINNATI OH 45227

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 23 / 2014

Transaction ID : SA11AI.79504

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. JOYCE DILL 452**

Mailing Address 3725 WEST CENTER ST

City State Zip Code  
 CINCINNATI OH 45227

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 30 / 2014

Transaction ID : SA11AI.79505

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. JOYCE DILL 452**

Mailing Address 3725 WEST CENTER ST

City State Zip Code  
 CINCINNATI OH 45227

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 02 / 13 / 2014

Transaction ID : SA11AI.79509

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

450.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 22 OF 150

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. JOYCE DILL 452**

Mailing Address 3725 WEST CENTER ST

City	State	Zip Code
CINCINNATI	OH	45227

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2014

Transaction ID : SA11AI.79507

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. ALLEN DINES 334**

Mailing Address 15 ISLE RDG E

City	State	Zip Code
HOBE SOUND	FL	33455

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	10	/	2014

Transaction ID : SA11AI.68782

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

**C. DRUSCILLA DOEHRMAN 341**

Mailing Address PO BOX 2165

City	State	Zip Code
NAPLES	FL	34106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2014

Transaction ID : SA11AI.79519

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

825.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 23 OF 150  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. DRUSCILLA DOEHRMAN 341**

Mailing Address PO BOX 2165

City

NAPLES

State

FL

Zip Code

34106

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		20		2014

Transaction ID : SA11AI.79521

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. JERRY DOHERTY 515**

Mailing Address 21 SUSAN LN

City

COUNCIL BLUFFS

State

IA

Zip Code

51503

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		06		2014

Transaction ID : SA11AI.70760

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. MR PAUL H DUDLEY 977 JR**

Mailing Address 60230 TEKAMPE RD

City

BEND

State

OR

Zip Code

97702

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		14		2014

Transaction ID : SA11AI.68799

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

850.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 24 OF 150

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. MRS COLLEEN DUKE 795**

Mailing Address 2008 COUNTY ROAD 137

City  
SNYDERState  
TXZip Code  
79549FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	9		2	0	1	4

Transaction ID : SA11AI.74501

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. CHARLOTTE DUNLOP 953**

Mailing Address 5055 BLUEGUM AVE

City  
MODESTOState  
CAZip Code  
95358FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	5		2	0	1	4

Transaction ID : SA11AI.70823

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. MRS SYLVIA DURYEE 981**

Mailing Address 1115 41ST AVE E

City  
SEATTLEState  
WAZip Code  
98112FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	0		2	0	1	4

Transaction ID : SA11AI.68805

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)..... ►

3100.00

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. MR O J EARLY 920

Mailing Address 152 CAMINO DEL POSTIGO

City State Zip Code  
ESCONDIDO CA 92029

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 18 2014

Transaction ID : SA11AI.65391

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. MR O J EARLY 920

Mailing Address 152 CAMINO DEL POSTIGO

City State Zip Code  
ESCONDIDO CA 92029

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 31 2014

Transaction ID : SA11AI.68808

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MR WILLIAM EASLEY 924

Mailing Address 3184 PARKSIDE DR

City State Zip Code  
SAN BERNARDINO CA 92404

FEC ID number of contributing federal political committee.

C

Name of Employer

GOFORTH &amp; MARTI BUSINESS INTERIORS

Occupation

EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

299.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 06 2014

Transaction ID : SA11AI.65395

Amount of Each Receipt this Period

299.00

SUBTOTAL of Receipts This Page (optional)..... ►

599.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 26 OF 150

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. JIM ENGEL 933**

Mailing Address 7512 PEMBROKE AVE

City	State	Zip Code
BAKERSFIELD	CA	93308

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	07	/	2014

Transaction ID : SA11AI.79640

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**B. DUANE EPTON 995**

Mailing Address 3705 ARTIC #452

City	State	Zip Code
ANCHORAGE	AK	99503

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ALASKA PUBLISHERS LLC

Occupation

PUBLISHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2014

Transaction ID : SA11AI.70892

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. MRS MARILYN FAULKNER 765**

Mailing Address 1141 WESTERN HILLS RD

City	State	Zip Code
ROCKDALE	TX	76567

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	10	/	2014

Transaction ID : SA11AI.65521

Amount of Each Receipt this Period

450.00

SUBTOTAL of Receipts This Page (optional)..... ▶

725.00

TOTAL This Period (last page this line number only)..... ▶

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 150

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

**A. RUSSELL FILER 923**

Mailing Address 13057 CALIFORNIA ST

City	State	Zip Code
YUCAIPA	CA	92399

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	18	/	2014

Transaction ID : SA11AI.65547

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. MR RAYMOND FINK 488**

Mailing Address PO BOX 134

City	State	Zip Code
WILLIAMSTON	MI	48895

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	25	/	2014

Transaction ID : SA11AI.77968

Amount of Each Receipt this Period

205.00

Full Name (Last, First, Middle Initial)

**C. MR RAYMOND FINK 488**

Mailing Address PO BOX 134

City	State	Zip Code
WILLIAMSTON	MI	48895

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2014

Transaction ID : SA11AI.74544

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ▶

805.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 28 OF 150

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. MR ROBERT D FISHER 327**

Mailing Address 727 S FLORIDA AVE

City  
DELANDState  
FLZip Code  
32720FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	3		2	0	1	4

Transaction ID : SA11AI.65556

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. REBECCA FOURNIER 773**

Mailing Address 29 E ROYAL MEWS

City  
CONROEState  
TXZip Code  
77384FEC ID number of contributing  
federal political committee.

C

Name of Employer

UNEMPLOYED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	8		2	0	1	4

Transaction ID : SA11AI.79772

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. MR RICHARD GABLE 208**Mailing Address 4515 WILLARD AVE  
UNIT S2318City  
CHEVY CHASEState  
MDZip Code  
20815FEC ID number of contributing  
federal political committee.

C

Name of Employer

TRIDENT SYSTEMS

Occupation

ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	6		2	0	1	4

Transaction ID : SA11AI.71086

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

1350.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 29 OF 150

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. MR RICHARD GABLE 208**Mailing Address 4515 WILLARD AVE  
UNIT S2318

City	State	Zip Code
CHEVY CHASE	MD	20815

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TRIDENT SYSTEMS

Occupation

ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	19	/	2014

Transaction ID : SA11AI.78004

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

**B. MR RICHARD GABLE 208**Mailing Address 4515 WILLARD AVE  
UNIT S2318

City	State	Zip Code
CHEVY CHASE	MD	20815

FEC ID number of contributing  
federal political committee.

C

Name of Employer

TRIDENT SYSTEMS

Occupation

ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	25	/	2014

Transaction ID : SA11AI.74564

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MR WARREN GALKIN 028**

Mailing Address 29 SAGE DR

City	State	Zip Code
WARWICK	RI	02886

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NATCO PRODUCTS CORP

Occupation

VICE CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	21	/	2014

Transaction ID : SA11AI.65683

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

1180.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 30 OF 150  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. JOAN GARDNER 330**

Mailing Address 20 DOLPHIN LN

City	State	Zip Code
KEY LARGO	FL	33037

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	14	/	2014

Transaction ID : SA11AI.71109

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. DOUG GEHRIG 706**

Mailing Address 3414 COMMON ST

City	State	Zip Code
LAKE CHARLES	LA	70607

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MCDONALD'S

Occupation

FRANCHISE OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	25	/	2014

Transaction ID : SA11AI.71134

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. MS SONJA GERQUEST 064**

Mailing Address 5101 ASHLAR VLG

City	State	Zip Code
WALLINGFORD	CT	06492

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	24	/	2014

Transaction ID : SA11AI.75976

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

1050.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 31 OF 150

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. BETTY GIEBEL 347**

Mailing Address 1586 COMPASS CT

City

KISSIMMEE

State

FL

Zip Code

34744

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	04	/	2014

Transaction ID : SA11AI.79860

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. BETTY GIEBEL 347**

Mailing Address 1586 COMPASS CT

City

KISSIMMEE

State

FL

Zip Code

34744

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2020.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	06	/	2014

Transaction ID : SA11AI.79859

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

**C. MR JAMES GORMAN 449**

Mailing Address PO BOX 2599

City

MANSFIELD

State

OH

Zip Code

44906

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GORMAN RUPP CO

Occupation

CHAIRMAN

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	06	/	2014

Transaction ID : SA11AI.65775

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

2520.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 OF 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

**A. MR WILLIAM GRAY 605 III**

Mailing Address 124 DRAGONFLY

City

BURR RIDGE

State

IL

Zip Code

60527

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WILLIAM GRAY &amp; SONS CO

Occupation

PARTNER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 22 / 2014

Transaction ID : SA11AI.65792

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

**B. MR RICHARD S GRIFFITH 705**

Mailing Address PO BOX 91610

City

LAFAYETTE

State

LA

Zip Code

70509

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

INVESTOR

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 03 / 2014

Transaction ID : SA11AI.65812

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. MR JAMES A HALLS 850**

Mailing Address 4555 E MAYO BLVD UNIT 4301

City

PHOENIX

State

AZ

Zip Code

85050

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 23 / 2014

Transaction ID : SA11AI.65863

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)..... ►

2000.00

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 33 OF 150

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. MR KERN HAMILTON 950**

Mailing Address 800 BLOSSOM HILL RD UNIT E324

City State Zip Code  
 LOS GATOS CA 95032

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 14 / 2014

Transaction ID : SA11AI.68927

Amount of Each Receipt this Period

800.00

Full Name (Last, First, Middle Initial)

**B. MR JOHN A HARPER 630**

Mailing Address 1030 CY ANN DR

City State Zip Code  
 TOWN COUNTRY MO 63017

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 20 / 2014

Transaction ID : SA11AI.76107

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. DR HOWARD HARPER 735 MD**

Mailing Address 8 DESERT RD DR

City State Zip Code  
 LAWTON OK 73505

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

02 / 06 / 2014

Transaction ID : SA11AI.71342

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1350.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 OF 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. TATNALL HILLMAN 816**

Mailing Address 504 W BLEEKER ST

City State Zip Code  
ASPEN CO 81611

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY  
01 / 07 / 2014

Transaction ID : SA11AI.80111

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. TATNALL HILLMAN 816**

Mailing Address 504 W BLEEKER ST

City State Zip Code  
ASPEN CO 81611

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

MM / DD / YYYY  
03 / 07 / 2014

Transaction ID : SA11AI.80109

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. TATNALL HILLMAN 816**

Mailing Address 504 W BLEEKER ST

City State Zip Code  
ASPEN CO 81611

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

MM / DD / YYYY  
03 / 08 / 2014

Transaction ID : SA11AI.80110

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2500.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 35 OF 150

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. TATNALL HILLMAN 816**

Mailing Address 504 W BLEEKER ST

City  
ASPENState Zip Code  
CO 81611FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2014

Transaction ID : SA11AI.80112

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. TATNALL HILLMAN 816**

Mailing Address 504 W BLEEKER ST

City  
ASPENState Zip Code  
CO 81611FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	20	/	2014

Transaction ID : SA11AI.80113

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. MR DONALD HINES 857**

Mailing Address 8172 E GALINDA DR

City  
TUCSONState Zip Code  
AZ 85750FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2014

Transaction ID : SA11AI.74680

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)..... ►

1700.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 36 OF 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. MR MICHAEL J HOLASEK 531

Mailing Address 3747 E VAN NORMAN AVE

City	State	Zip Code
CUDAHY	WI	53110

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	06	/	2014

Transaction ID : SA11Al.76176

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. MR MICHAEL J HOLASEK 531

Mailing Address 3747 E VAN NORMAN AVE

City	State	Zip Code
CUDAHY	WI	53110

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2014

Transaction ID : SA11Al.76177

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. MS MARIE HOYER 770

Mailing Address 4741 KINGLET ST

City	State	Zip Code
HOUSTON	TX	77035

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	04	/	2014

Transaction ID : SA11Al.71577

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

400.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 37 OF 150

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. MRS JEAN HYDE 980

Mailing Address 4428 136TH PL SE

City

BELLEVUE

State

WA

Zip Code

98006

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	10	/	2014

Transaction ID : SA11AI.66096

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. MRS JEAN HYDE 980

Mailing Address 4428 136TH PL SE

City

BELLEVUE

State

WA

Zip Code

98006

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	24	/	2014

Transaction ID : SA11AI.68990

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. MS PATRICIA JACOBSEN 956

Mailing Address 7940 AMALFI WAY

City

FAIR OAKS

State

CA

Zip Code

95628

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	25	/	2014

Transaction ID : SA11AI.74709

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►

550.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. MR LOREN JAHN 604**

Mailing Address 13149 N COUNTRY CLUB CT

City State Zip Code  
 PALOS HEIGHTS IL 60463

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LOREN JAHN PRIVATE CHARITABLE FOUND

Occupation

DIRECTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 13 / 2014

Transaction ID : SA11AI.68999

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. MR RUSSELL L JOHNSON 921**

Mailing Address 1810 AVENIDA DEL MUNDO #503

City State Zip Code  
 CORONADO CA 92118

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 27 / 2014

Transaction ID : SA11AI.80255

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. ROBERT JONES 958**

Mailing Address 3715 LYNWOOD WAY

City State Zip Code  
 SACRAMENTO CA 95864

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 29 / 2014

Transaction ID : SA11AI.80277

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

650.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 OF 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. MELVIN KAFTAN 480**

Mailing Address 29100 NORTHWESTERN HWY STE 260

City State Zip Code  
 SOUTHFIELD MI 48034

FEC ID number of contributing  
federal political committee.

C

Name of Employer

KAFTAN ENTERPRISES

Occupation

REAL ESTATE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 08 / 2014

Transaction ID : SA11AI.80292

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. JULIE KELLAM 452**

Mailing Address 8437 OWLWOODS LN

City State Zip Code  
 CINCINNATI OH 45243

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 27 / 2014

Transaction ID : SA11AI.74745

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MISS LINDA KENDALL 330**

Mailing Address 50 CLUB HOUSE RD

City State Zip Code  
 KEY LARGO FL 33037

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 07 / 2014

Transaction ID : SA11AI.66271

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1350.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 OF 150

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

**A. MRS LINDA KENDALL 941**

Mailing Address 2151 LAGUNA ST

City	State	Zip Code
SAN FRANCISCO	CA	94115

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02	/	24	/	2014

Transaction ID : SA11AI.76371

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. MR JAMES S KERNAN 134 JR**

Mailing Address 275 CLINTON ST

City	State	Zip Code
WHITESBORO	NY	13492

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03	/	31	/	2014

Transaction ID : SA11AI.69038

Amount of Each Receipt this Period

226.00

Full Name (Last, First, Middle Initial)

**C. MRS JUNE M KESSLER 337**

Mailing Address 7978 GARDEN DR N

City	State	Zip Code
SAINT PETERSBURG	FL	33710

FEC ID number of contributing federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03	/	28	/	2014

Transaction ID : SA11AI.69041

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1476.00

TOTAL This Period (last page this line number only)..... ►



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 41 OF 150  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. MS JUNE MATHIS KESSLER 337**

Mailing Address 7978 GARDEN DR N

City	State	Zip Code
ST PETERSBURG	FL	33710

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2014

Transaction ID : SA11AI.76383

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. MR RAYMOND KINCAID 661**

Mailing Address 3850 N 55TH ST

City	State	Zip Code
KANSAS CITY	KS	66104

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	18	/	2014

Transaction ID : SA11AI.66301

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. MR LEONARD M KIRK 210**

Mailing Address 6 HUNTER DR

City	State	Zip Code
BEL AIR	MD	21014

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	06	/	2014

Transaction ID : SA11AI.69048

Amount of Each Receipt this Period

625.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1425.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 OF 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

A. MR ROBERT C KISER 597

Mailing Address 34 SUGAR BEET ROW

City  
WHITEHALL

State Zip Code  
MT 59759

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 18 2014

Transaction ID : SA11AI.66313

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. LOUISE KNOELL 357

Mailing Address 113 LAUREL BEND DR

City  
MERIDIANVILLE

State Zip Code  
AL 35759

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 10 2014

Transaction ID : SA11AI.69057

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

C. LOUISE KNOELL 357

Mailing Address 113 LAUREL BEND DR

City  
MERIDIANVILLE

State Zip Code  
AL 35759

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 28 2014

Transaction ID : SA11AI.69056

Amount of Each Receipt this Period

225.00

SUBTOTAL of Receipts This Page (optional)..... ►

650.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 OF 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. LIV KNUDSON 957**

Mailing Address 1408 GOLD CIR

City State Zip Code  
ROCKLAND CA 95765

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JIMBOYS TACOS

Occupation

SELF EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 04 / 2014

Transaction ID : SA11Al.71874

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. LOUIS KNUTSON 853**

Mailing Address PO BOX 1729

City State Zip Code  
YUMA AZ 85366

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MIDCO COURIER

Occupation

BUSINESS OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 05 / 2014

Transaction ID : SA11Al.71877

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. LEONARD KRAMER 562**

Mailing Address 4045 120TH AVE NW

City State Zip Code  
MILAN MN 56262

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LEONARD KRAMER CO

Occupation

FARM LAND LEASING

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 05 / 2014

Transaction ID : SA11Al.71929

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

650.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. MR DANIEL D KUBIN 770**

Mailing Address 1701 BLOUNT ST

City  
HOUSTON

State Zip Code  
TX 77008

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

03 / 05 / 2014

Transaction ID : SA11AI.76462

Amount of Each Receipt this Period

120.00

Full Name (Last, First, Middle Initial)

**B. MR DANIEL D KUBIN 770**

Mailing Address 1701 BLOUNT ST

City  
HOUSTON

State Zip Code  
TX 77008

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

03 / 10 / 2014

Transaction ID : SA11AI.69067

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MR DANIEL D KUBIN 770**

Mailing Address 1701 BLOUNT ST

City  
HOUSTON

State Zip Code  
TX 77008

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

03 / 31 / 2014

Transaction ID : SA11AI.69068

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

320.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 45 OF 150

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. MR CARROLL L LARRIMORE 197**

Mailing Address 613 DOVE NEST CT

City

MIDDLETOWN

State

DE

Zip Code

19709

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2014

Transaction ID : SA11AI.69074

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. MR ARMAND F LAUZON 018**

Mailing Address 1 MERIDIEN WAY

City

BILLERICA

State

MA

Zip Code

01821

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2014

Transaction ID : SA11AI.69080

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

**C. MR PETER O LAWSON-JOHNSTON 100**Mailing Address 25 WEST 53RD ST  
16TH FLOOR

City

NEW YORK

State

NY

Zip Code

10019

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GUGGENHEIM BROTHERS

Occupation

PARTNER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	07	/	2014

Transaction ID : SA11AI.76496

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

825.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 OF 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. FRED LAWSON 403**

Mailing Address 105 CHERRYWOOD DRIVE

City State Zip Code  
 NICHOLASVILLE KY 40356

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 08 / 2014

Transaction ID : SA11AI.72018

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B. JOHN LEWIS 752**

Mailing Address 8226 DOUGLAS AVE, #655

City State Zip Code  
 DALLAS TX 75225

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ONYX EQUITY LLC

Occupation

PRIVATE INVESTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 01 / 15 / 2014

Transaction ID : SA11AI.80546

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. MR MAX D LINN 881**

Mailing Address PO BOX 945

City State Zip Code  
 FORT SUMNER NM 88119

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

FARMER - RANCHER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 01 / 16 / 2014

Transaction ID : SA11AI.66507

Amount of Each Receipt this Period

750.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1200.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 47 OF 150

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. MR EDWARD A LOZICK 441**

Mailing Address 29425 CHAGRIN BLVD #201

29425 CHAGRIN BLVD STE 201

City	State	Zip Code
BEACHWOOD	OH	44122

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SWAGLEOK COMPANY

Occupation

CHAIRMAN OF THE BOARD

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	18	/	2014

Transaction ID : SA11AI.66545

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. CHRIS MANCINI 773**

Mailing Address 25707 BRIDLE FALLS

City	State	Zip Code
MAGNOLIA	TX	77355

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

ENGINEER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	18	/	2014

Transaction ID : SA11AI.72181

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. MR MICHAEL JOSEPH MANGIONE 926**

Mailing Address 3130 CORTE PORTOFINO

City	State	Zip Code
NEWPORT BEACH	CA	92660

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

RESTAURANT OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2014

Transaction ID : SA11AI.76616

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1050.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. MR ROBERT MARVEL 028**

Mailing Address 1 TURTLEBACK RD  
WATCH HILL

City State Zip Code  
WESTERLY RI 02891

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 09 / 2014

Transaction ID : SA11AI.76643

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. THOMAS MARVIN 980**

Mailing Address 9641 NE 24TH ST

City State Zip Code  
CLYDE HILL WA 98004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MICROQUILL

Occupation

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 06 / 2014

Transaction ID : SA11AI.80656

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. A MAY 101**

Mailing Address 15 E 91ST ST APT 5D

City State Zip Code  
NEW YORK NY 10128

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

02 / 18 / 2014

Transaction ID : SA11AI.66677

Amount of Each Receipt this Period

300.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1550.00



**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 49 OF 150

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. JOHN D MCGOURTHY 530 SR**

Mailing Address 3339 WEST WOODLYN DRIVE

City  
MEQUONState  
WIZip Code  
53092FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	13	/	2014

Transaction ID : SA11AI.80710

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. MR TOM MCGURK 479**

Mailing Address 7 DOUGLASS MNR

City

COVINGTON

State

IN

Zip Code

47932

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

SELF EMPLOYED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	11	/	2014

Transaction ID : SA11AI.76681

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. MR DENMAN K MCNEAR 208**

Mailing Address 8300 BURDETTE RD APT 750

City

BETHESDA

State

MD

Zip Code

20817

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	28	/	2014

Transaction ID : SA11AI.66780

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1300.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. GREG MCNECE 956**

Mailing Address PO BOX 1830

City  
DAVISState  
CAZip Code  
95617FEC ID number of contributing  
federal political committee.

C

Name of Employer

DAVISVILLE MANAGEMENT CO

Occupation

PROPERTY MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	17	/	2014

Transaction ID : SA11AI.80730

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. GREG MCNECE 956**

Mailing Address PO BOX 1830

City  
DAVISState  
CAZip Code  
95617FEC ID number of contributing  
federal political committee.

C

Name of Employer

DAVISVILLE MANAGEMENT CO

Occupation

PROPERTY MANAGEMENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	20	/	2014

Transaction ID : SA11AI.80729

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. JOHN MCNIFF 334**

Mailing Address 11922 LOST TREE WAY

City

NORTH PALM BEACH

State

FL

Zip Code

33408

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	04	/	2014

Transaction ID : SA11AI.80733

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

2000.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 51 OF 150  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. MS ISABELLE P MIDDENDORF 028**

Mailing Address 565 W MAIN RD

City	State	Zip Code
LITTLE COMPTON	RI	02837

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	07	/	2014

Transaction ID : SA11Al.76730

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. MS HELEN MITCHELL 954**Mailing Address 301 WHITE OAK DR  
UNIT 253

City	State	Zip Code
SANTA ROSA	CA	95409

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2014

Transaction ID : SA11Al.74870

Amount of Each Receipt this Period

45.00

Full Name (Last, First, Middle Initial)

**C. MR ALBERT F MOGERLEY 071**

Mailing Address 173 EXPORT ST

City	State	Zip Code
PORT NEWARK	NJ	07114

FEC ID number of contributing  
federal political committee.

C

Name of Employer

HUDSON TANK STORAGE CO

Occupation

CHEIF EXECUTIVE OFFICER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	06	/	2014

Transaction ID : SA11Al.76758

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

595.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. MR AL MOORE 631**

Mailing Address 9910 PAGE AVE

City

SAINT LOUIS

State

MO

Zip Code

63132

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MFD

Occupation

FOOD DISTRIBUTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 27 / 2014

Transaction ID : SA11AI.66925

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. MR CHERNA MOSKOWITZ 331**

Mailing Address 4744 N BAY RD

City

MIAMI BEACH

State

FL

Zip Code

33140

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 10 / 2014

Transaction ID : SA11AI.69204

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. CAROL MOSS 933**

Mailing Address 5330 OFFICE CENTER COURT

City

BAKERSFIELD

State

CA

Zip Code

93309

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 27 / 2014

Transaction ID : SA11AI.72520

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2000.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 53 OF 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. MRS JACQUELINE NAGEL 672**

Mailing Address 4 E LYNWOOD BLVD

City	State	Zip Code
EASTBOROUGH	KS	67207

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 FG HALL COMPANY

 Occupation  
 RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	14	/	2014

Transaction ID : SA11AI.66995

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

**B. DR HERBERT J NEVYAS 190 MD**

Mailing Address 1120 TOWER LN E

City	State	Zip Code
PENN VALLEY	PA	19072

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 SELF EMPLOYED

 Occupation  
 PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	18	/	2014

Transaction ID : SA11AI.67025

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. PHYLLIS NICHOLAS 068**

Mailing Address 40 HOWARD ROAD

City	State	Zip Code
GREENWICH	CT	06831

FEC ID number of contributing federal political committee.

C

 Name of Employer  
 NONE

 Occupation  
 HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	13	/	2014

Transaction ID : SA11AI.80909

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1450.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 54 OF 150

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. PHYLLIS NICHOLAS 068**

Mailing Address 40 HOWARD ROAD

City  
GREENWICHState Zip Code  
CT 06831FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 06 / 2014

Transaction ID : SA11AI.80907

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B. BRUCE NICHOLSON 873**

Mailing Address 920 E HISTORIC HIGHWAY 66

City  
GALLUPState Zip Code  
NM 87301FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

MARKETER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 04 / 2014

Transaction ID : SA11AI.72619

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. MS MARILYN NIELSON 902**

Mailing Address 7 SILVERLEAF DR

City  
ROLLING HILLS ESTAState Zip Code  
CA 90274FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 20 / 2014

Transaction ID : SA11AI.67035

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

600.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 55 OF 150

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. GEORGE W OLSON 662**

Mailing Address 5206 W 80TH TERRACE

City

PRAIRIE VILLAGE

State

KS

Zip Code

66208

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

VETERINARIAN

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2014

Transaction ID : SA11AI.76853

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. MR ROBERT S PERKIN 068**

Mailing Address 160 BROOKSIDE RD

City

DARIEN

State

CT

Zip Code

06820

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

MUSIC INSTRUCTOR

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	05	/	2014

Transaction ID : SA11AI.76913

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. MR JORDON PERLMUTTER 802**

Mailing Address PO BOX 480070

City

DENVER

State

CO

Zip Code

80248

FEC ID number of contributing  
federal political committee.

C

Name of Employer

JORDON PERLMUTTER &amp; CO

Occupation

RE INVESTMENT &amp; DEVELOPMENT

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	27	/	2014

Transaction ID : SA11AI.67194

Amount of Each Receipt this Period

225.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

975.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 OF 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

## **A. MRS ANTHONY POGODZINSKI 545**

Mailing Address 9609 MANITOU PK DR

City State Zip Code  
MINOCQUA WI 54548

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 24 / 2014

**Transaction ID : SA11AI.67258**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. MRS ANTHONY POGODZINSKI 545**

Mailing Address 9609 MANITOU PK DR

City State Zip Code  
MINOCQUA WI 54548

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 29 / 2014

**Transaction ID : SA11AI.81100**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

## **C. MRS ANTHONY POGODZINSKI 545**

Mailing Address 9609 MANITOU PK DR

City State Zip Code  
MINOCQUA WI 54548

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 17 / 2014

**Transaction ID : SA11AI.81103**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

650.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. MRS ANTHONY POGODZINSKI 545**

Mailing Address 9609 MANITOU PK DR

City

MINOCQUA

State

WI

Zip Code

54548

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 06 / 2014

Transaction ID : SA11AI.81102

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**B. MR ROBERT H POTTS 341**

Mailing Address 150 MOORINGS PARK DR APT 207

City

NAPLES

State

FL

Zip Code

34105

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 24 / 2014

Transaction ID : SA11AI.76957

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. MR JOHN RADY 480**

Mailing Address 32345 DRURY LN

City

BEVERLY HILLS

State

MI

Zip Code

48025

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

ATTORNEY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 27 / 2014

Transaction ID : SA11AI.67326

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

650.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. DONALD REINHARD 180**

Mailing Address 75 HARVARD AVE

City  
PALMERTON

State Zip Code  
PA 18071

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PENCOR SERVICES INC

Occupation  
SEMI RETIRED EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 22 / 2014

Transaction ID : SA11AI.81182

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. DONALD REINHARD 180**

Mailing Address 75 HARVARD AVE

City  
PALMERTON

State Zip Code  
PA 18071

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PENCOR SERVICES INC

Occupation  
SEMI RETIRED EXEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 07 / 2014

Transaction ID : SA11AI.81181

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. QUENTIN REMEIN 208**

Mailing Address 18 WYNKOOP CT

City  
BETHESDA

State Zip Code  
MD 20817

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NONE

Occupation  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 30 / 2014

Transaction ID : SA11AI.67375

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. MR ERIK RENKEN 774**

Mailing Address 401 OSCAR ST

City

EL CAMPO

State

TX

Zip Code

77437

FEC ID number of contributing  
federal political committee.

C

Name of Employer

POWER INC

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

230.00

Date of Receipt

02 / 25 / 2014

Transaction ID : SA11AI.78481

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MRS CAROLYN RIDGEWAY 590**

Mailing Address 609 BLUEBIRD LN

City

LIVINGSTON

State

MT

Zip Code

59047

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 10 / 2014

Transaction ID : SA11AI.67425

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. MRS KATHLEEN ROGERS 770**

Mailing Address 5730 WIGTON

City

HOUSTON

State

TX

Zip Code

77096

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

HOUSEWIFE

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

02 / 24 / 2014

Transaction ID : SA11AI.81236

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 OF 150

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. MRS KATHLEEN ROGERS 770**

Mailing Address 5730 WIGTON

City State Zip Code  
HOUSTON TX 77096

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

HOUSEWIFE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 04 / 2014

**Transaction ID : SA11AI.81232**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**B. MRS KATHLEEN ROGERS 770**

Mailing Address 5730 WIGTON

City State Zip Code  
HOUSTON TX 77096

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

HOUSEWIFE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 08 / 2014

**Transaction ID : SA11AI.81230**

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

**C. MRS KATHLEEN ROGERS 770**

Mailing Address 5730 WIGTON

City State Zip Code  
HOUSTON TX 77096

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

HOUSEWIFE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 20 / 2014

**Transaction ID : SA11AI.81233**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

175.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 OF 150

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. MRS KATHLEEN ROGERS 770**

Mailing Address 5730 WIGTON

City	State	Zip Code
HOUSTON	TX	77096

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

HOUSEWIFE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2014

Transaction ID : SA11AI.81234

Amount of Each Receipt this Period

10.00

Full Name (Last, First, Middle Initial)

**B. MR CHARLES L ROMERO 945**

Mailing Address 8160 CROW CANYON RD

City	State	Zip Code
CASTRO VALLEY	CA	94552

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RODAK PLASTICS INC

Occupation

MOLD MAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	14	/	2014

Transaction ID : SA11AI.67490

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. MRS NANCY B ROTH 939**

Mailing Address 8545 CARMEL VALLEY RD

City	State	Zip Code
CARMEL	CA	93923

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

HOUSEWIFE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2014

Transaction ID : SA11AI.77074

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)..... ►

560.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. MS ELIZABETH M RUFFIN 276**

Mailing Address 1707 JARVIS ST

City

RALEIGH

State

NC

Zip Code

27608

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 07 / 2014

Transaction ID : SA11AI.77084

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. NICK RUNNEBOHM 461**

Mailing Address 3177 S 375 E

City

SHELBYVILLE

State

IN

Zip Code

46176

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RUNNEBOHM CONSTRUCTION CO INC

Occupation

GENERAL CONTRACTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 16 / 2014

Transaction ID : SA11AI.81265

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. DR DAVID S RUSSELL 737 MD**

Mailing Address 2113 WILSHIRE DR

City

ENID

State

OK

Zip Code

73703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 28 / 2014

Transaction ID : SA11AI.69363

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1300.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. JOHN W SAMPSON 339**

Mailing Address 9614 PARKWOOD CT

City	State	Zip Code
FORT MYERS	FL	33908

FEC ID number of contributing  
federal political committee.

C

Name of Employer

6S RANCH

Occupation

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	21	/	2014

Transaction ID : SA11AI.67572

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. JOHN W SAMPSON 339**

Mailing Address 9614 PARKWOOD CT

City	State	Zip Code
FORT MYERS	FL	33908

FEC ID number of contributing  
federal political committee.

C

Name of Employer

6S RANCH

Occupation

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	21	/	2014

Transaction ID : SA11AI.67574

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. JOHN W SAMPSON 339**

Mailing Address 9614 PARKWOOD CT

City	State	Zip Code
FORT MYERS	FL	33908

FEC ID number of contributing  
federal political committee.

C

Name of Employer

6S RANCH

Occupation

OWNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	06	/	2014

Transaction ID : SA11AI.67573

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. MR ROBERT W SCHNEEBECK 342**

Mailing Address 741 N MANASOTA KEY RD

City  
ENGLEWOODState Zip Code  
FL 34223FEC ID number of contributing  
federal political committee.

C

Name of Employer  
STRATEGIC INSURANCE UNDERWRITEROccupation  
INSURANCE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2014

Transaction ID : SA11AI.77140

Amount of Each Receipt this Period

600.00

Full Name (Last, First, Middle Initial)

**B. DR ROBERT SEPERSKY 023 MD**

Mailing Address 65 SOUTHWORTH ST

City  
LAKEVILLEState Zip Code  
MA 02347FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SELF EMPLOYEDOccupation  
PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	23	/	2014

Transaction ID : SA11AI.81366

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. PATRICIA SERIO 917**

Mailing Address 20134 DAMERAL DRIVE

City  
COVINAState Zip Code  
CA 91724FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SERCOOccupation  
PRESIDENT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	12	/	2014

Transaction ID : SA11AI.81368

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1100.00

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. MRS MYRTLE SERVAT 705**

Mailing Address 601 WILTZ ST

City

RAYNE

State

LA

Zip Code

70578

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2014

**Transaction ID : SA11AI.69416**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B. ROBERT SHAFFER 201**

Mailing Address PO BOX 295

City

CATLETT

State

VA

Zip Code

20119

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

CAPTAIN USN

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 04 / 2014

**Transaction ID : SA11AI.81373**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. ISAAC SHERMAN 100**

Mailing Address 1050 FIFTH AVE

City

NEW YORK

State

NY

Zip Code

10028

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SHERMAN & GORDON, PC

Occupation

ATTORNEY

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 23 / 2014

**Transaction ID : SA11AI.81394**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

700.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
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 (check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. DR GARY L SMIDT 500**

Mailing Address 3293 NW BROOKSTON LN #12

 City  
 ANKENY

 State  
 IA

 Zip Code  
 50023

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

DOCTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 01 / 13 / 2014

Transaction ID : SA11AI.67791

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. DR GARY L SMIDT 500**

Mailing Address 3293 NW BROOKSTON LN #12

 City  
 ANKENY

 State  
 IA

 Zip Code  
 50023

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

DOCTOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 02 / 03 / 2014

Transaction ID : SA11AI.67790

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

**C. RICHARD SREDNICKI 804**

Mailing Address 33575 DREAMCATCHER TRL

 City  
 STEAMBOAT SPRINGS

 State  
 CO

 Zip Code  
 80487

 FEC ID number of contributing  
 federal political committee.

C

Name of Employer

CHASE BANK

Occupation

CEO - CARD SERVICES

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 02 / 11 / 2014

Transaction ID : SA11AI.67874

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

850.00

**TOTAL** This Period (last page this line number only)..... ►

850.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. MR MICHAEL STEPANIAN 146**

Mailing Address 1400 WIND WILLOW WAY #15

City State Zip Code  
 ROCHESTER NY 14624

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 03 / 2014

**Transaction ID : SA11AI.67913**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. MS GLORIA TYLER STEVENS 342**

Mailing Address 3091 HIGHLANDS BRIDGE RD

City State Zip Code  
 SARASOTA FL 34235

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 10 / 2014

**Transaction ID : SA11AI.67920**

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C. WALTER STEVENSON 341 MD**

Mailing Address 7819 COCOBAY CT

City State Zip Code  
 NAPLES FL 34108

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 01 / 14 / 2014

**Transaction ID : SA11AI.81520**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1800.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

## **A. MR DWIGHT H SWANSON 503**

Mailing Address 13731 HICKMAN RD UNIT 3201  
 DEERFIELD # 3201

City State Zip Code  
 URBANDALE IA 50323

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 01 / 27 / 2014

Transaction ID : SA11AI.68008

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. MR LENARD THOMAS 926**

Mailing Address 120 IRVINE COVE CT

City State Zip Code  
 LAGUNA BEACH CA 92651

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 01 / 21 / 2014

Transaction ID : SA11AI.68062

Amount of Each Receipt this Period

800.00

Full Name (Last, First, Middle Initial)

## **C. MR ROBERT S TROTH 341**

Mailing Address 3003 GULF SHORE BLVD N  
 #301

City State Zip Code  
 NAPLES FL 34103

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 03 / 06 / 2014

Transaction ID : SA11AI.69519

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1300.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. MR EARL M VAN BEBBER 953**

Mailing Address 2447 ALTOGA AVE

City  
TRACYState  
CAZip Code  
95376FEC ID number of contributing  
federal political committee.

C

Name of Employer

VAN BEBBER LTD PARTNERS

Occupation

PARTNER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1560.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		31		2014

Transaction ID : SA11AI.69536

Amount of Each Receipt this Period

1560.00

Full Name (Last, First, Middle Initial)

**B. RICHARD VOELL 068**

Mailing Address 25 PILOT ROCK LANE

City

RIVERSIDE

State

CT

Zip Code

06878

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		08		2014

Transaction ID : SA11AI.81775

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. RICHARD VOELL 068**

Mailing Address 25 PILOT ROCK LANE

City

RIVERSIDE

State

CT

Zip Code

06878

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		14		2014

Transaction ID : SA11AI.81776

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

2310.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. ARLYN WADHOLM 587**

Mailing Address 8951 32ND ST NW

City  
NEW TOWN

State Zip Code  
ND 58763

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 16 / 2014

Transaction ID : SA11AI.75160

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. ARLYN WADHOLM 587**

Mailing Address 8951 32ND ST NW

City  
NEW TOWN

State Zip Code  
ND 58763

FEC ID number of contributing  
federal political committee.

C

Name of Employer

SELF EMPLOYED

Occupation

FARMER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

02 / 22 / 2014

Transaction ID : SA11AI.78692

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. ARLYN A WADHOLM 587**

Mailing Address 8951 32ND ST NW

City  
NEW TOWN

State Zip Code  
ND 58763

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

02 / 05 / 2014

Transaction ID : SA11AI.73935

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. MARY ANN WATSON 381**

Mailing Address 172 PLAINVIEW ST

City  
MEMPHIS

State Zip Code  
TN 38111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 25 / 2014

Transaction ID : SA11AI.78708

Amount of Each Receipt this Period

80.00

Full Name (Last, First, Middle Initial)

**B. GURDON WATTLES 101**

Mailing Address 45 ROCKEFELLER PLZ STE 630

City  
NEW YORK

State Zip Code  
NY 10111

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 06 / 2014

Transaction ID : SA11AI.73996

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. MARC WEISS 100**

Mailing Address 32 W 18TH ST

City  
NEW YORK

State Zip Code  
NY 10011

FEC ID number of contributing  
federal political committee.

C

Name of Employer

GLOBAL INTERNET ENT

Occupation

CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 09 / 2014

Transaction ID : SA11AI.74020

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

580.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. ANN WELDEN 223**

Mailing Address 3735 LYONS LANE

City

ALEXANDRIA

State

VA

Zip Code

22302

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

FORMER FOREIGN SERVICE OFFICER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 18 / 2014

Transaction ID : SA11AI.81837

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. MS RUTH WIEGMAN 448**

Mailing Address PO BOX 43

City

CHATFIELD

State

OH

Zip Code

44825

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

245.00

Date of Receipt

03 / 28 / 2014

Transaction ID : SA11AI.69589

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. MRS MAUDE WILLBERN 783**

Mailing Address PO BOX 86

City

BISHOP

State

TX

Zip Code

78343

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

02 / 06 / 2014

Transaction ID : SA11AI.68330

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

850.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. MRS MAUDE WILLBERN 783**

Mailing Address PO BOX 86

City  
BISHOP

State Zip Code  
TX 78343

FEC ID number of contributing  
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 10 / 2014

Transaction ID : SA11AI.69602

Amount of Each Receipt this Period

900.00

Full Name (Last, First, Middle Initial)

**B. MR EDWARD G WONG 921**

Mailing Address 11186 PACEMONT LN

City  
SAN DIEGO

State Zip Code  
CA 92126

FEC ID number of contributing  
federal political committee.

C

Name of Employer

RETIRED

Occupation

ATTORNEY

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 15 / 2014

Transaction ID : SA11AI.77586

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1200.00

80470.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. SCOTT B MACKENZIE**

Mailing Address 2776 S ARLINGTON MILL DRIVE  
#806

City State Zip Code  
ARLINGTON VA 22206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MACKENZIE & COMPANY

Occupation  
CONSULTANT

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 24 2014

Transaction ID : SA13.78810

Amount of Each Receipt this Period

700.00

PERSONAL LOAN

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

700.00

700.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

THE CONSERVATIVE STRIKEFORCE

Full Name (Last, First, Middle Initial)

**A. ACTIVE ENGAGEMENT LLC**

Mailing Address 44084 RIVERSIDE PKWY  
SUITE 350

City State Zip Code  
LANSDOWNE VA 20176

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1134.87

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 14 / 2014

Transaction ID : SA17.78814

Amount of Each Receipt this Period

1134.87

LIST RENTAL INCOME

Full Name (Last, First, Middle Initial)

**B. ACTIVE ENGAGEMENT LLC**

Mailing Address 44084 RIVERSIDE PKWY  
SUITE 350

City State Zip Code  
LANSDOWNE VA 20176

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1489.50

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 15 / 2014

Transaction ID : SA17.78815

Amount of Each Receipt this Period

354.63

LIST RENTAL INCOME

Full Name (Last, First, Middle Initial)

**C. ACTIVE ENGAGEMENT LLC**

Mailing Address 44084 RIVERSIDE PKWY  
SUITE 350

City State Zip Code  
LANSDOWNE VA 20176

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3152.31

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 15 / 2014

Transaction ID : SA17.78816

Amount of Each Receipt this Period

1662.81

LIST RENTAL INCOME

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3152.31

3152.31

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. CUCCINELLI FOR GOVERNOR**

Mailing Address 115 E GRACE ST

City State Zip Code  
 RICHMOND VA 23219

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 03 07 2014

Transaction ID : SA16.78813

Amount of Each Receipt this Period

1.00

CONTRIBUTION REFUND OF EXCESSIVE AMOUNT

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1.00

1.00

**SCHEDULE B (FEC Form 3X)  
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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. ACTIVE ENGAGEMENT LLC**Mailing Address 44084 RIVERSIDE PKWY  
SUITE 350

City LANSDOWNE      State VA      Zip Code 20176

Purpose of Disbursement  
eMAIL SOLICITATIONS

003

Candidate Name

**THE CONSERVATIVE STRIKEFORCE**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y  
01      08      2014**Transaction ID : SB21B.81947**

Amount of Each Disbursement this Period

1329.00

Full Name (Last, First, Middle Initial)

**B. ACTIVE ENGAGEMENT LLC**Mailing Address 44084 RIVERSIDE PKWY  
SUITE 350

City LANSDOWNE      State VA      Zip Code 20176

Purpose of Disbursement  
eMAIL SOLICITATIONS

003

Candidate Name

**THE CONSERVATIVE STRIKEFORCE**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y  
01      14      2014**Transaction ID : SB21B.81948**

Amount of Each Disbursement this Period

5258.00

Full Name (Last, First, Middle Initial)

**C. ACTIVE ENGAGEMENT LLC**Mailing Address 44084 RIVERSIDE PKWY  
SUITE 350

City LANSDOWNE      State VA      Zip Code 20176

Purpose of Disbursement  
eMAIL SOLICITATIONS

003

Candidate Name

**THE CONSERVATIVE STRIKEFORCE**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y  
01      22      2014**Transaction ID : SB21B.81949**

Amount of Each Disbursement this Period

10800.75

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

17387.75

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. ACTIVE ENGAGEMENT LLC**Mailing Address 44084 RIVERSIDE PKWY  
SUITE 350

City LANSDOWNE State VA Zip Code 20176

Purpose of Disbursement  
eMAIL SOLICITATIONS

003

Candidate Name

**THE CONSERVATIVE STRIKEFORCE**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y  
02 04 2014**Transaction ID : SB21B.81950**

Amount of Each Disbursement this Period

26309.00

Full Name (Last, First, Middle Initial)

**B. ACTIVE ENGAGEMENT LLC**Mailing Address 44084 RIVERSIDE PKWY  
SUITE 350

City LANSDOWNE State VA Zip Code 20176

Purpose of Disbursement  
eMAIL SOLICITATIONS

003

Candidate Name

**THE CONSERVATIVE STRIKEFORCE**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y  
02 11 2014**Transaction ID : SB21B.81951**

Amount of Each Disbursement this Period

8534.75

Full Name (Last, First, Middle Initial)

**C. ACTIVE ENGAGEMENT LLC**Mailing Address 44084 RIVERSIDE PKWY  
SUITE 350

City LANSDOWNE State VA Zip Code 20176

Purpose of Disbursement  
eMAIL SOLICITATIONS

003

Candidate Name

**THE CONSERVATIVE STRIKEFORCE**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y  
02 18 2014**Transaction ID : SB21B.81952**

Amount of Each Disbursement this Period

2165.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

37008.75

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
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☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. ACTIVE ENGAGEMENT LLC**Mailing Address 44084 RIVERSIDE PKWY  
SUITE 350

City LANSDOWNE State VA Zip Code 20176

Purpose of Disbursement  
eMAIL SOLICITATIONS

003

Candidate Name

**THE CONSERVATIVE STRIKEFORCE**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y  
02 25 2014

Transaction ID : SB21B.81953

Amount of Each Disbursement this Period

8100.00

Full Name (Last, First, Middle Initial)

**B. ACTIVE ENGAGEMENT LLC**Mailing Address 44084 RIVERSIDE PKWY  
SUITE 350

City LANSDOWNE State VA Zip Code 20176

Purpose of Disbursement  
eMAIL SOLICITATIONS

003

Candidate Name

**THE CONSERVATIVE STRIKEFORCE**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y  
03 05 2014

Transaction ID : SB21B.81954

Amount of Each Disbursement this Period

1350.00

Full Name (Last, First, Middle Initial)

**C. ACTIVE ENGAGEMENT LLC**Mailing Address 44084 RIVERSIDE PKWY  
SUITE 350

City LANSDOWNE State VA Zip Code 20176

Purpose of Disbursement  
eMAIL SOLICITATIONS

003

Candidate Name

**THE CONSERVATIVE STRIKEFORCE**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y  
03 11 2014

Transaction ID : SB21B.81955

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10950.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. ACTIVE ENGAGEMENT LLC**Mailing Address 44084 RIVERSIDE PKWY  
SUITE 350

City LANSDOWNE    State VA    Zip Code 20176

Purpose of Disbursement  
eMAIL SOLICITATIONS

003

Candidate Name

**THE CONSERVATIVE STRIKEFORCE**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y  
03 / 25 / 2014

Transaction ID : SB21B.81956

Amount of Each Disbursement this Period

10353.00

Full Name (Last, First, Middle Initial)

**B. AMBASSADOR ACCOUNTING INC**

Mailing Address 7521 PRESIDENTIAL LN

City MANASSAS    State VA    Zip Code 20109

Purpose of Disbursement  
ESCROW SERVICES

001

Candidate Name

**THE CONSERVATIVE STRIKEFORCE**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y  
02 / 04 / 2014

Transaction ID : SB21B.81957

Amount of Each Disbursement this Period

125.67

Full Name (Last, First, Middle Initial)

**C. AMBASSADOR ACCOUNTING INC**

Mailing Address 7521 PRESIDENTIAL LN

City MANASSAS    State VA    Zip Code 20109

Purpose of Disbursement  
ESCROW SERVICES

001

Candidate Name

**THE CONSERVATIVE STRIKEFORCE**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y  
02 / 28 / 2014

Transaction ID : SB21B.81959

Amount of Each Disbursement this Period

74.23

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

10552.90







**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 83 OF 150

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. AMERICAN LIBERTY GROUP LLC**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	1	4		

Mailing Address 611 PENNSYLVANIA AVE SE  
SUITE 227

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
TELEMARKETING SERVICES

003

Candidate Name

**THE CONSERVATIVE STRIKEFORCE**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID : SB21B.69650**

Amount of Each Disbursement this Period

17290.86

Full Name (Last, First, Middle Initial)

**B. AMERICAN LIBERTY GROUP LLC**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	0			2	0	1	4		

Mailing Address 611 PENNSYLVANIA AVE SE  
SUITE 227

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
TELEMARKETING SERVICES

003

Candidate Name

**THE CONSERVATIVE STRIKEFORCE**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID : SB21B.69651**

Amount of Each Disbursement this Period

3718.66

Full Name (Last, First, Middle Initial)

**C. AMERICAN LIBERTY GROUP LLC**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			2	7			2	0	1	4		

Mailing Address 611 PENNSYLVANIA AVE SE  
SUITE 227

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement  
TELEMARKETING SERVICES

003

Candidate Name

**THE CONSERVATIVE STRIKEFORCE**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID : SB21B.69652**

Amount of Each Disbursement this Period

2049.87

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2	3	0	5	9	.	8	6
---	---	---	---	---	---	---	---







<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

## THE CONSERVATIVE STRIKEFORCE

### A. CAPITOL CAGING CORP

Date of Disbursement



Transaction ID : SB21B.64423

003

Amount of Each Disbursement this Period

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

**B. CAPITOL CAGING CORP**

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.64424

003

Amount of Each Disbursement this Period

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

### C. CAPITOL CAGING CORP

Date of Disbursement

Transaction ID : SB21B.64425

003

Amount of Each Disbursement this Period

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

10000.00

Downloaded from <http://ajph.org/> on November 10, 2014



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. CAPITOL CAGING CORP**

Mailing Address 504 SHAW RD

City State Zip Code  
STERLING VA 20166
Purpose of Disbursement  
CAGING SERVICES

001

Candidate Name

**THE CONSERVATIVE STRIKEFORCE**Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y  
03 20 2014
**Transaction ID : SB21B.68544**

Amount of Each Disbursement this Period

585.58

Full Name (Last, First, Middle Initial)

**B. CENTURY DATA MAILING SERVICES**Mailing Address 1155 - 15TH STREET, NW  
SUITE 410
City State Zip Code  
WASHINGTON DC 20005
Purpose of Disbursement  
DIRECT MAIL - POSTAGE

003

Candidate Name

**THE CONSERVATIVE STRIKEFORCE**Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y  
01 02 2014
**Transaction ID : SB21B.64375**

Amount of Each Disbursement this Period

10223.63

Full Name (Last, First, Middle Initial)

**C. CENTURY DATA MAILING SERVICES**Mailing Address 1155 - 15TH STREET, NW  
SUITE 410
City State Zip Code  
WASHINGTON DC 20005
Purpose of Disbursement  
DIRECT MAIL - POSTAGE

003

Candidate Name

**THE CONSERVATIVE STRIKEFORCE**Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y  
01 09 2014
**Transaction ID : SB21B.64376**

Amount of Each Disbursement this Period

14588.95

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

25398.16



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. CENTURY DATA MAILING SERVICES**Mailing Address 1155 - 15TH STREET, NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
DIRECT MAIL - POSTAGE

003

Candidate Name

**THE CONSERVATIVE STRIKEFORCE**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y  
01 24 2014

Transaction ID : SB21B.64377

Amount of Each Disbursement this Period

12101.03

Full Name (Last, First, Middle Initial)

**B. CENTURY DATA MAILING SERVICES**Mailing Address 1155 - 15TH STREET, NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
DIRECT MAIL - POSTAGE

003

Candidate Name

**THE CONSERVATIVE STRIKEFORCE**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y  
02 07 2014

Transaction ID : SB21B.64378

Amount of Each Disbursement this Period

7646.74

Full Name (Last, First, Middle Initial)

**C. CENTURY DATA MAILING SERVICES**Mailing Address 1155 - 15TH STREET, NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
DIRECT MAIL - POSTAGE

003

Candidate Name

**THE CONSERVATIVE STRIKEFORCE**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y  
02 12 2014

Transaction ID : SB21B.64379

Amount of Each Disbursement this Period

18783.09

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

38530.86

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 90 OF 150

☒ 21b   ☐ 22   ☐ 23   ☐ 24   ☐ 25   ☐ 26  
☐ 27   ☐ 28a   ☐ 28b   ☐ 28c   ☐ 29   ☐ 30b

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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. CENTURY DATA MAILING SERVICES**Mailing Address 1155 - 15TH STREET, NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
DIRECT MAIL - POSTAGE

003

Candidate Name

**THE CONSERVATIVE STRIKEFORCE**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 25 2014**Transaction ID : SB21B.64380**

Amount of Each Disbursement this Period

10534.00

Full Name (Last, First, Middle Initial)

**B. CENTURY DATA MAILING SERVICES**Mailing Address 1155 - 15TH STREET, NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
DIRECT MAIL - POSTAGE

003

Candidate Name

**THE CONSERVATIVE STRIKEFORCE**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 06 2014**Transaction ID : SB21B.64381**

Amount of Each Disbursement this Period

9575.28

Full Name (Last, First, Middle Initial)

**C. CENTURY DATA MAILING SERVICES**Mailing Address 1155 - 15TH STREET, NW  
SUITE 410

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement  
DIRECT MAIL - POSTAGE

003

Candidate Name

**THE CONSERVATIVE STRIKEFORCE**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 20 2014**Transaction ID : SB21B.68545**

Amount of Each Disbursement this Period

15417.87

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

35527.15

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

## THE CONSERVATIVE STRIKEFORCE

2311.64

**B. CENTURY DATA SYSTEMS CORP**

Transaction ID : SB21B.64428

Amount of Each Disbursement this Period

1114.41

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Full Name (Last, First, Middle Initial)

Date of Disbursement

**C. CLIENT FIRST CONSULTING GROUP LLC**

Transaction ID : SB21B.78789

Amount of Each Disbursement this Period

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

**SUBTOTAL** of Disbursements This Page (optional).....

8426.05

**TOTAL** This Period (last page this line number only).....



<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

## THE CONSERVATIVE STRIKEFORCE

#### A. CONSOLIDATED MAILING SERVICES



003

6357.42

## THE CONSERVATIVE STRIKEFORCE

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

Full Name (Last, First, Middle Initial)

**B. FIRST VIRGINIA COMMUNITY BANK**

MM / DD / YYYY  
01 / 02 / 2014

001

Transaction ID : SB21B.69657

Amount of Each Disbursement this Period

Category	Percentage
Did not pass	151.05
Passed	100

## THE CONSERVATIVE STRIKEFORCE

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

Full Name (Last, First, Middle Initial)

**C. FIRST VIRGINIA COMMUNITY BANK**

001

Transaction ID : SB21B.64387

Amount of Each Disbursement this Period

A horizontal bar with a value of 5.95. The bar is light gray with a darker gray border. The value "5.95" is displayed in black text at the right end of the bar.

## THE CONSERVATIVE STRIKEFORCE

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

6514.42

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

## THE CONSERVATIVE STRIKEFORCE

#### A. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

Transaction ID : SB21B.64412

001

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	10.00
25-34	15.00
35-44	20.00
45-54	25.00
55-64	30.00
65-74	35.00
75-84	40.00
85+	99.00

**B. FIRST VIRGINIA COMMUNITY BANK**

Date of Disbursement



Transaction ID : SB21B.64388

001

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

Amount of Each Disbursement this Period

Response	Percentage
Yes	88%

### C. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement



Three digital displays are shown, each with a row of small squares above the main display area. The first display shows '01' with two squares (left and right). The second display shows '10' with two squares (left and right). The third display shows '2014' with four squares (left, left-center, right-center, and right).

Transaction ID : SB21B.64416

001

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

Amount of Each Disbursement this Period

503.22

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

							603.10		
1.0	2.0	3.0	4.0	5.0	6.0	7.0	8.0	9.0	10.0

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

## THE CONSERVATIVE STRIKEFORCE

#### A. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

Transaction ID : SB21B.64411

001

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	34.00
25-34	32.00
35-44	30.00
45-54	28.00
55-64	26.00
65-74	24.00
75-84	22.00
85+	10.00

**B. FIRST VIRGINIA COMMUNITY BANK**

Date of Disbursement

Transaction ID : SB21B.64389

001

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

Country	Percentage
United States	49.00%
Canada	48.00%
Germany	47.00%
France	46.00%
Italy	45.00%
Spain	44.00%
Japan	43.00%
South Korea	42.00%
China	41.00%
India	40.00%
Brazil	39.00%
Mexico	38.00%
Russia	37.00%
Australia	36.00%

### C. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

The image shows three 10-pin D-sub connectors. The first connector is labeled '01' and has pins M and M. The second connector is labeled '21' and has pins D and D. The third connector is labeled '2014' and has pins Y, Y, Y, and Y.

Transaction ID : SB21B.64390

001

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

Amount of Each Disbursement this Period

26.25

110.25



<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

## THE CONSERVATIVE STRIKEFORCE

#### A. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement



Transaction ID : SB21B.64391

00:

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

Amount of Each Disbursement this Period

25.73

**B. FIRST VIRGINIA COMMUNITY BANK**

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.64409

00

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

Amount of Each Disbursement this Period

7.95

### C. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

Three 7-segment displays are shown, each with a label above it. The first display is labeled 'M M' and shows the number '01'. The second display is labeled 'D D' and shows the number '31'. The third display is labeled 'Y Y Y Y' and shows the year '2014'.

Transaction ID : SB21B.64392

00-

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

Amount of Each Disbursement this Period

Fruit	Number of People
Apple	3.5
Banana	4
Mango	5
Grapes	2

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

37.18



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS RD

City FAIRFAX      State VA      Zip Code 22030

Purpose of Disbursement  
AMEX DISCOUNT FEES - ALG

001

Candidate Name

**THE CONSERVATIVE STRIKEFORCE**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y  
01 / 31 / 2014
**Transaction ID : SB21B.69660**

Amount of Each Disbursement this Period

245.02

Full Name (Last, First, Middle Initial)

**B. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS RD

City FAIRFAX      State VA      Zip Code 22030

Purpose of Disbursement  
MERCHANT SERVICE CHARGES - ALG

001

Candidate Name

**THE CONSERVATIVE STRIKEFORCE**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y  
01 / 31 / 2014
**Transaction ID : SB21B.69663**

Amount of Each Disbursement this Period

2359.21

Full Name (Last, First, Middle Initial)

**C. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS RD

City FAIRFAX      State VA      Zip Code 22030

Purpose of Disbursement  
SERVICE CHARGE

001

Candidate Name

**THE CONSERVATIVE STRIKEFORCE**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y  
02 / 03 / 2014
**Transaction ID : SB21B.64385**

Amount of Each Disbursement this Period

148.92

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2753.15

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 98 OF 150

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. FIRST VIRGINIA COMMUNITY BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		03		2014

Mailing Address 11325 RANDOM HILLS RD

City	State	Zip Code
FAIRFAX	VA	22030

**Transaction ID : SB21B.64393**Purpose of Disbursement  
AMEX DISCOUNT FEE

001

Amount of Each Disbursement this Period

Candidate Name

**THE CONSERVATIVE STRIKEFORCE**Category/  
Type

17.50

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**B. FIRST VIRGINIA COMMUNITY BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		03		2014

Mailing Address 11325 RANDOM HILLS RD

City	State	Zip Code
FAIRFAX	VA	22030

**Transaction ID : SB21B.64394**Purpose of Disbursement  
AMEX DISCOUNT FEE

001

Amount of Each Disbursement this Period

Candidate Name

**THE CONSERVATIVE STRIKEFORCE**Category/  
Type

3.68

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**C. FIRST VIRGINIA COMMUNITY BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		03		2014

Mailing Address 11325 RANDOM HILLS RD

City	State	Zip Code
FAIRFAX	VA	22030

**Transaction ID : SB21B.69658**Purpose of Disbursement  
ACCOUNT ANALYSIS CHARGE - ALG

001

Amount of Each Disbursement this Period

Candidate Name

**THE CONSERVATIVE STRIKEFORCE**Category/  
Type

126.34

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

147.52

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 99 OF 150

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. FIRST VIRGINIA COMMUNITY BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		04		2014

Mailing Address 11325 RANDOM HILLS RD

City	State	Zip Code
FAIRFAX	VA	22030

**Transaction ID : SB21B.64395**Purpose of Disbursement  
AMEX DISCOUNT FEE

001

Amount of Each Disbursement this Period

Candidate Name

**THE CONSERVATIVE STRIKEFORCE**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

1.23
------

Full Name (Last, First, Middle Initial)

**B. FIRST VIRGINIA COMMUNITY BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		05		2014

Mailing Address 11325 RANDOM HILLS RD

City	State	Zip Code
FAIRFAX	VA	22030

**Transaction ID : SB21B.64413**Purpose of Disbursement  
CUSTOM CREDIT BILLING

001

Amount of Each Disbursement this Period

Candidate Name

**THE CONSERVATIVE STRIKEFORCE**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

63.50
-------

Full Name (Last, First, Middle Initial)

**C. FIRST VIRGINIA COMMUNITY BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		10		2014

Mailing Address 11325 RANDOM HILLS RD

City	State	Zip Code
FAIRFAX	VA	22030

**Transaction ID : SB21B.64396**Purpose of Disbursement  
AMEX DISCOUNT FEE

001

Amount of Each Disbursement this Period

Candidate Name

**THE CONSERVATIVE STRIKEFORCE**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

5.96
------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

70.69
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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

## THE CONSERVATIVE STRIKEFORCE

#### A. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

Transaction ID : SB21B.64397

001

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Amount of Each Disbursement this Period

Fruit	Number of People
Apple	4.20
Banana	3.50
Orange	3.00
Pear	2.50

**B. FIRST VIRGINIA COMMUNITY BANK**

Date of Disbursement

02 / 11 / 2014

Transaction ID : SB21B.64398

001

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	100%
25-34	100%
35-44	100%
45-54	100%
55-64	100%
65-74	100%
75-84	100%
85+	0.88%

### C. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

Transaction ID : SB21B.64417

001

Category/  
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State:  District:

Amount of Each Disbursement this Period

348.01

353.09

FEC Schedule B (Form 3X) Rev. 02/2003

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 101 OF 150

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. FIRST VIRGINIA COMMUNITY BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		18		2014

Mailing Address 11325 RANDOM HILLS RD

City	State	Zip Code
FAIRFAX	VA	22030

Purpose of Disbursement  
AMEX DISCOUNT FEE

001

**Transaction ID : SB21B.64399**

Amount of Each Disbursement this Period

10.68
-------

Candidate Name

**THE CONSERVATIVE STRIKEFORCE**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**B. FIRST VIRGINIA COMMUNITY BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		21		2014

Mailing Address 11325 RANDOM HILLS RD

City	State	Zip Code
FAIRFAX	VA	22030

Purpose of Disbursement  
AMEX DISCOUNT FEE

001

**Transaction ID : SB21B.64400**

Amount of Each Disbursement this Period

7.00
------

Candidate Name

**THE CONSERVATIVE STRIKEFORCE**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**C. FIRST VIRGINIA COMMUNITY BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		24		2014

Mailing Address 11325 RANDOM HILLS RD

City	State	Zip Code
FAIRFAX	VA	22030

Purpose of Disbursement  
AMEX DISCOUNT FEE

001

**Transaction ID : SB21B.64401**

Amount of Each Disbursement this Period

13.66
-------

Candidate Name

**THE CONSERVATIVE STRIKEFORCE**Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

31.34
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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

## THE CONSERVATIVE STRIKEFORCE

#### A. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

Transaction ID : SB21B.64402

00:

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

Amount of Each Disbursement this Period

**B. FIRST VIRGINIA COMMUNITY BANK**

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.64410

00

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

Amount of Each Disbursement this Period

[illegible]

### C. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

Transaction ID : SB21B.69661

00-

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

Amount of Each Disbursement this Period

321.87

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

330.70

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. FIRST VIRGINIA COMMUNITY BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2014

Mailing Address 11325 RANDOM HILLS RD

City	State	Zip Code
FAIRFAX	VA	22030

**Transaction ID : SB21B.69664**Purpose of Disbursement  
MERCHANT SERVICE CHARGES - ALG

001

Amount of Each Disbursement this Period

Candidate Name

**THE CONSERVATIVE STRIKEFORCE**Category/  
Type

2519.09

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**B. FIRST VIRGINIA COMMUNITY BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		03		2014

Mailing Address 11325 RANDOM HILLS RD

City	State	Zip Code
FAIRFAX	VA	22030

**Transaction ID : SB21B.64386**Purpose of Disbursement  
SERVICE CHARGE

001

Amount of Each Disbursement this Period

Candidate Name

**THE CONSERVATIVE STRIKEFORCE**Category/  
Type

186.41

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**C. FIRST VIRGINIA COMMUNITY BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		03		2014

Mailing Address 11325 RANDOM HILLS RD

City	State	Zip Code
FAIRFAX	VA	22030

**Transaction ID : SB21B.64403**Purpose of Disbursement  
AMEX DISCOUNT FEE

001

Amount of Each Disbursement this Period

Candidate Name

**THE CONSERVATIVE STRIKEFORCE**Category/  
Type

6.48

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►

2711.98

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 104 OF 150

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. FIRST VIRGINIA COMMUNITY BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	03	/	2014

Mailing Address 11325 RANDOM HILLS RD

City	State	Zip Code
FAIRFAX	VA	22030

**Transaction ID : SB21B.69659**Purpose of Disbursement  
ACCOUNT ANALYSIS CHARGE - ALG

001

Amount of Each Disbursement this Period

Candidate Name

**THE CONSERVATIVE STRIKEFORCE**Category/  
Type

144.54

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**B. FIRST VIRGINIA COMMUNITY BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	04	/	2014

Mailing Address 11325 RANDOM HILLS RD

City	State	Zip Code
FAIRFAX	VA	22030

**Transaction ID : SB21B.64404**Purpose of Disbursement  
AMEX DISCOUNT FEE

001

Amount of Each Disbursement this Period

Candidate Name

**THE CONSERVATIVE STRIKEFORCE**Category/  
Type

0.88

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**C. FIRST VIRGINIA COMMUNITY BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03	/	07	/	2014

Mailing Address 11325 RANDOM HILLS RD

City	State	Zip Code
FAIRFAX	VA	22030

**Transaction ID : SB21B.64414**Purpose of Disbursement  
CUSTOM CREDIT BILLING

001

Amount of Each Disbursement this Period

Candidate Name

**THE CONSERVATIVE STRIKEFORCE**Category/  
Type

81.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►

226.42

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 105 OF 150

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. FIRST VIRGINIA COMMUNITY BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		07		2014

Mailing Address 11325 RANDOM HILLS RD

City	State	Zip Code
FAIRFAX	VA	22030

**Transaction ID : SB21B.64415**Purpose of Disbursement  
MERCHANT SERVICE CHARGE

001

Amount of Each Disbursement this Period

Candidate Name

**THE CONSERVATIVE STRIKEFORCE**Category/  
Type

397.87
--------

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**B. FIRST VIRGINIA COMMUNITY BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		10		2014

Mailing Address 11325 RANDOM HILLS RD

City	State	Zip Code
FAIRFAX	VA	22030

**Transaction ID : SB21B.64405**Purpose of Disbursement  
AMEX DISCOUNT FEE

001

Amount of Each Disbursement this Period

Candidate Name

**THE CONSERVATIVE STRIKEFORCE**Category/  
Type

6.13
------

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**C. FIRST VIRGINIA COMMUNITY BANK**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		17		2014

Mailing Address 11325 RANDOM HILLS RD

City	State	Zip Code
FAIRFAX	VA	22030

**Transaction ID : SB21B.64406**Purpose of Disbursement  
AMEX DISCOUNT FEE

001

Amount of Each Disbursement this Period

Candidate Name

**THE CONSERVATIVE STRIKEFORCE**Category/  
Type

1.40
------

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary    ☐ General  
☐ Other (specify) ▼

State:

District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

405.40

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

## THE CONSERVATIVE STRIKEFORCE

#### A. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

Transaction ID : SB21B.64407

00:

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

Amount of Each Disbursement this Period

7.70

**B. FIRST VIRGINIA COMMUNITY BANK**

Date of Disbursement

MM / DD / YYYY

Transaction ID : SB21B.64408

00

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

Amount of Each Disbursement this Period

### C. FIRST VIRGINIA COMMUNITY BANK

Date of Disbursement

Transaction ID : SB21B.68547

00-

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

Amount of Each Disbursement this Period

1.40

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

Age Group	Percentage
18-24	10.33
25-34	9.09
35-44	8.89
45-54	8.70
55-64	8.52
65-74	8.33
75-84	8.15
85+	7.96

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 107 OF 150

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS RD

City FAIRFAX      State VA      Zip Code 22030

Purpose of Disbursement  
AMEX COLLECTION FEE

001

Candidate Name

**THE CONSERVATIVE STRIKEFORCE**Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 27 / 2014
**Transaction ID : SB21B.68549**

Amount of Each Disbursement this Period

7.95

Full Name (Last, First, Middle Initial)

**B. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS RD

City FAIRFAX      State VA      Zip Code 22030

Purpose of Disbursement  
AMEX DISCOUNT FEE

001

Candidate Name

**THE CONSERVATIVE STRIKEFORCE**Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2014
**Transaction ID : SB21B.68548**

Amount of Each Disbursement this Period

0.70

Full Name (Last, First, Middle Initial)

**C. FIRST VIRGINIA COMMUNITY BANK**

Mailing Address 11325 RANDOM HILLS RD

City FAIRFAX      State VA      Zip Code 22030

Purpose of Disbursement  
AMEX DISCOUNT FEES - ALG

001

Candidate Name

**THE CONSERVATIVE STRIKEFORCE**Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2014
**Transaction ID : SB21B.69662**

Amount of Each Disbursement this Period

12.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

20.65



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. INTEGRAM**

Mailing Address 8421 HILLTOP ROAD

City State Zip Code  
FAIRFAX VA 22031

Purpose of Disbursement  
DIRECT MAIL - PRINTING & MAILSHOP (OPR)

003

Candidate Name

**THE CONSERVATIVE STRIKEFORCE**Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y  
02 18 2014
**Transaction ID : SB21B.78791**

Amount of Each Disbursement this Period

5809.26

Full Name (Last, First, Middle Initial)

**B. LEGACY LIST MANAGEMENT INC**Mailing Address 1155 - 15TH STREET, NW  
SUITE 410
City State Zip Code  
WASHINGTON DC 20005

Purpose of Disbursement  
DIRECT MAIL - LIST RENTALS

003

Candidate Name

**THE CONSERVATIVE STRIKEFORCE**Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y  
02 12 2014
**Transaction ID : SB21B.64435**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. MACKENZIE & COMPANY**

Mailing Address 2776 S ARLINGTON MILL DR #806

City State Zip Code  
ARLINGTON VA 22206

Purpose of Disbursement  
CONSULTING - COMPLIANCE (OPR)

001

Candidate Name

**THE CONSERVATIVE STRIKEFORCE**Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y  
01 09 2014
**Transaction ID : SB21B.78792**

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

11309.26



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. E M SEILER**

Mailing Address 683 BERRYVILLE AVE

City WINCHESTER      State VA      Zip Code 22601

Purpose of Disbursement  
CAGING & DATA ENTRY SERVICES (OPR)

001

Candidate Name

**THE CONSERVATIVE STRIKEFORCE**Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y  
01 / 08 / 2014
**Transaction ID : SB21B.78795**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. E M SEILER**

Mailing Address 683 BERRYVILLE AVE

City WINCHESTER      State VA      Zip Code 22601

Purpose of Disbursement  
CAGING & DATA ENTRY SERVICES (OPR)

001

Candidate Name

**THE CONSERVATIVE STRIKEFORCE**Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y  
01 / 31 / 2014
**Transaction ID : SB21B.78796**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. E M SEILER**

Mailing Address 683 BERRYVILLE AVE

City WINCHESTER      State VA      Zip Code 22601

Purpose of Disbursement  
CAGING & DATA ENTRY SERVICES (OPR)

001

Candidate Name

**THE CONSERVATIVE STRIKEFORCE**Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y  
02 / 26 / 2014
**Transaction ID : SB21B.78797**

Amount of Each Disbursement this Period

1200.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3700.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

## THE CONSERVATIVE STRIKEFORCE

A. E M SEILER

City	State	Zip Code
WINCHESTER	VA	22601

Transaction ID : SB21B.78798

001

Amount of Each Disbursement this Period

## THE CONSERVATIVE STRIKEFORCE

Category/  
Type

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

## B. SIMPKINS ESCROW

01 / 02 / 2014

City	State	Zip Code
UNIONVILLE	VA	22567

Transaction ID : SB21B.64383

001

Amount of Each Disbursement this Period

## THE CONSERVATIVE STRIKEFORCE

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

### C. SIMPKINS ESCROW

City	State	Zip Code
UNIONVILLE	VA	22567

Transaction ID : SB21B.68550

001

Amount of Each Disbursement this Period

## THE CONSERVATIVE STRIKEFORCE

Category/  
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State:  District:

**SUBTOTAL** of Disbursements This Page (optional).....

1657.25

**TOTAL** This Period (last page this line number only).....



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. STRATEGIC CAMPAIGN GROUP INC**Mailing Address 4600 N FAIRFAX DRIVE  
SUITE 802

City ARLINGTON State VA Zip Code 22203

Purpose of Disbursement  
CONSULTING - MANAGEMENT (OPR)

001

Candidate Name

**THE CONSERVATIVE STRIKEFORCE**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y  
01 / 07 / 2014

Transaction ID : SB21B.78799

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. STRATEGIC CAMPAIGN GROUP INC**Mailing Address 4600 N FAIRFAX DRIVE  
SUITE 802

City ARLINGTON State VA Zip Code 22203

Purpose of Disbursement  
PAC DIRECT MAIL - PRINTING & MAILSHOP (OPR)

003

Candidate Name

**THE CONSERVATIVE STRIKEFORCE**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y  
01 / 27 / 2014

Transaction ID : SB21B.78802

Amount of Each Disbursement this Period

22000.00

Full Name (Last, First, Middle Initial)

**C. STRATEGIC CAMPAIGN GROUP INC**Mailing Address 4600 N FAIRFAX DRIVE  
SUITE 802

City ARLINGTON State VA Zip Code 22203

Purpose of Disbursement  
CONSULTING - MANAGEMENT (OPR)

001

Candidate Name

**THE CONSERVATIVE STRIKEFORCE**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y  
02 / 05 / 2014

Transaction ID : SB21B.78800

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

32000.00

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: SB21B

Transaction ID : SB21B.78802

The \$22,000 payment to Strategic Campaign Group Inc. relates to the PAC's direct response fundraising activities. These fundraising efforts are for the benefit of the PAC and no other committee (Federal or otherwise). These solicitation expenditures do not represent voter drive activity or public communications as defined by 11 CFR 100.26; or contain express advocacy as defined under 11 CFR 100.22.

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. STRATEGIC CAMPAIGN GROUP INC**Mailing Address 4600 N FAIRFAX DRIVE  
SUITE 802

City ARLINGTON State VA Zip Code 22203

Purpose of Disbursement  
PAC DIRECT MAIL - PRINTING & MAILSHOP (OPR)

003

Candidate Name

**THE CONSERVATIVE STRIKEFORCE**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y  
02 24 2014

Transaction ID : SB21B.78803

Amount of Each Disbursement this Period

12000.00

Full Name (Last, First, Middle Initial)

**B. STRATEGIC CAMPAIGN GROUP INC**Mailing Address 4600 N FAIRFAX DRIVE  
SUITE 802

City ARLINGTON State VA Zip Code 22203

Purpose of Disbursement  
CONSULTING - MANAGEMENT (OPR)

001

Candidate Name

**THE CONSERVATIVE STRIKEFORCE**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y  
03 03 2014

Transaction ID : SB21B.78801

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. STRATEGIC CAMPAIGN GROUP INC**Mailing Address 4600 N FAIRFAX DRIVE  
SUITE 802

City ARLINGTON State VA Zip Code 22203

Purpose of Disbursement  
PAC DIRECT MAIL - PRINTING & MAILSHOP (OPR)

003

Candidate Name

**THE CONSERVATIVE STRIKEFORCE**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y  
03 25 2014

Transaction ID : SB21B.83251

Amount of Each Disbursement this Period

10125.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

27125.00

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5 HCB

Form/Schedule: **SB21B**

Transaction ID : **SB21B.78803**

The \$12,000 payment to Strategic Campaign Group Inc. relates to the PAC's direct response fundraising activities. These fundraising efforts are for the benefit of the PAC and no other committee (Federal or otherwise). These solicitation expenditures do not represent voter drive activity or public communications as defined by 11 CFR 100.26; or contain express advocacy as defined under 11 CFR 100.22.

Form/Schedule: **SB21B**

Transaction ID: **SB21B.83251**

The \$10,125 payment to Strategic Campaign Group Inc. relates to the PAC's direct response fundraising activities. These fundraising efforts are for the benefit of the PAC and no other committee (Federal or otherwise). These solicitation expenditures do not represent voter drive activity or public communications as defined by 11 CFR 100.26; or contain express advocacy as defined under 11 CFR 100.22.



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(check only one)

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☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. TARGET OUTREACH INC**Mailing Address 700 W VIRGINIA ST  
SUITE 700

City MILWAUKEE    State WI    Zip Code 53204

Purpose of Disbursement  
TELEMARKETING SERVICES (OPR)

003

Candidate Name

**THE CONSERVATIVE STRIKEFORCE**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:    District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03    03    2014**Transaction ID : SB21B.78807**

Amount of Each Disbursement this Period

1651.00

Full Name (Last, First, Middle Initial)

**B. TARGET OUTREACH INC**Mailing Address 700 W VIRGINIA ST  
SUITE 700

City MILWAUKEE    State WI    Zip Code 53204

Purpose of Disbursement  
TELEMARKETING SERVICES (OPR)

003

Candidate Name

**THE CONSERVATIVE STRIKEFORCE**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:    District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03    21    2014**Transaction ID : SB21B.78808**

Amount of Each Disbursement this Period

2665.00

Full Name (Last, First, Middle Initial)

**C. US POSTMASTER**

Mailing Address MAIN POST OFFICE

City WASHINGTON    State DC    Zip Code 20001

Purpose of Disbursement  
PO BOX RENEWAL - ALG

001

Candidate Name

**THE CONSERVATIVE STRIKEFORCE**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:    District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01    28    2014**Transaction ID : SB21B.69666**

Amount of Each Disbursement this Period

580.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4896.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. WELLS FARGO BANK**

Mailing Address 1711 FERN ST

City ALEXANDRIA    State VA    Zip Code 22302

Purpose of Disbursement  
RIGHT OF SETOFF FEES (OPR)

001

Candidate Name

**THE CONSERVATIVE STRIKEFORCE**Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:    District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 06 / 2014
**Transaction ID : SB21B.78781**

Amount of Each Disbursement this Period

103.80

Full Name (Last, First, Middle Initial)

**B. WELLS FARGO BANK**

Mailing Address 1711 FERN ST

City ALEXANDRIA    State VA    Zip Code 22302

Purpose of Disbursement  
NSF FEE (OPR)

001

Candidate Name

**THE CONSERVATIVE STRIKEFORCE**Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:    District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 15 / 2014
**Transaction ID : SB21B.78783**

Amount of Each Disbursement this Period

12.00

Full Name (Last, First, Middle Initial)

**C. WELLS FARGO BANK**

Mailing Address 1711 FERN ST

City ALEXANDRIA    State VA    Zip Code 22302

Purpose of Disbursement  
SERVICE CHARGE (TOR)

001

Candidate Name

**THE CONSERVATIVE STRIKEFORCE**Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:    District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 17 / 2014
**Transaction ID : SB21B.78765**

Amount of Each Disbursement this Period

14.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

129.80





**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. WELLS FARGO BANK**

Mailing Address 1711 FERN ST

City ALEXANDRIA    State VA    Zip Code 22302

Purpose of Disbursement  
MERCANT SERVICE CHARGE (OPR)

001

Candidate Name

**THE CONSERVATIVE STRIKEFORCE**Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:    District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02    05    2014
**Transaction ID : SB21B.78776**

Amount of Each Disbursement this Period

12.95

Full Name (Last, First, Middle Initial)

**B. WELLS FARGO BANK**

Mailing Address 1711 FERN ST

City ALEXANDRIA    State VA    Zip Code 22302

Purpose of Disbursement  
RIGHT OF SETOFF FEES (OPR)

001

Candidate Name

**THE CONSERVATIVE STRIKEFORCE**Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:    District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02    05    2014
**Transaction ID : SB21B.78782**

Amount of Each Disbursement this Period

113.39

Full Name (Last, First, Middle Initial)

**C. WELLS FARGO BANK**

Mailing Address 1711 FERN ST

City ALEXANDRIA    State VA    Zip Code 22302

Purpose of Disbursement  
NSF FEE (OPR)

001

Candidate Name

**THE CONSERVATIVE STRIKEFORCE**Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:    District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02    05    2014
**Transaction ID : SB21B.78784**

Amount of Each Disbursement this Period

35.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

161.34

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
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☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. WELLS FARGO BANK**

Mailing Address 1711 FERN ST

City ALEXANDRIA    State VA    Zip Code 22302

Purpose of Disbursement  
NSF FEE (OPR)

001

Candidate Name

**THE CONSERVATIVE STRIKEFORCE**Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:    District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02    05    2014
**Transaction ID : SB21B.78785**

Amount of Each Disbursement this Period

35.00

Full Name (Last, First, Middle Initial)

**B. WELLS FARGO BANK**

Mailing Address 1711 FERN ST

City ALEXANDRIA    State VA    Zip Code 22302

Purpose of Disbursement  
WIRE TRANSFER FEE (OPR)

001

Candidate Name

**THE CONSERVATIVE STRIKEFORCE**Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:    District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02    06    2014
**Transaction ID : SB21B.78769**

Amount of Each Disbursement this Period

15.00

Full Name (Last, First, Middle Initial)

**C. WELLS FARGO BANK**

Mailing Address 1711 FERN ST

City ALEXANDRIA    State VA    Zip Code 22302

Purpose of Disbursement  
ONLINE DEPOSIT DETAIL & IMAGE FEE (OPR)

001

Candidate Name

**THE CONSERVATIVE STRIKEFORCE**Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:    District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02    10    2014
**Transaction ID : SB21B.78788**

Amount of Each Disbursement this Period

3.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

53.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 123 OF 150

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. WELLS FARGO BANK**

Mailing Address 1711 FERN ST

City	State	Zip Code
ALEXANDRIA	VA	22302

Purpose of Disbursement  
WIRE TRANSFER FEE (OPR)

001

Candidate Name

**THE CONSERVATIVE STRIKEFORCE**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	14	/	2014

**Transaction ID : SB21B.78770**

Amount of Each Disbursement this Period

15.00
-------

Full Name (Last, First, Middle Initial)

**B. WELLS FARGO BANK**

Mailing Address 1711 FERN ST

City	State	Zip Code
ALEXANDRIA	VA	22302

Purpose of Disbursement  
SERVICE CHARGE (TOR)

001

Candidate Name

**THE CONSERVATIVE STRIKEFORCE**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	19	/	2014

**Transaction ID : SB21B.78766**

Amount of Each Disbursement this Period

14.00
-------

Full Name (Last, First, Middle Initial)

**C. WELLS FARGO BANK**

Mailing Address 1711 FERN ST

City	State	Zip Code
ALEXANDRIA	VA	22302

Purpose of Disbursement  
WIRE TRANSFER FEE (OPR)

001

Candidate Name

**THE CONSERVATIVE STRIKEFORCE**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	27	/	2014

**Transaction ID : SB21B.78771**

Amount of Each Disbursement this Period

15.00
-------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

44.00
-------

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 124 OF 150

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. WELLS FARGO BANK**

Mailing Address 1711 FERN ST

City ALEXANDRIA    State VA    Zip Code 22302

Purpose of Disbursement  
MONERIS DISCOUNT FEES (OPR)

001

Candidate Name

**THE CONSERVATIVE STRIKEFORCE**Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 03 / 2014
**Transaction ID : SB21B.78775**

Amount of Each Disbursement this Period

50.65

Full Name (Last, First, Middle Initial)

**B. WELLS FARGO BANK**

Mailing Address 1711 FERN ST

City ALEXANDRIA    State VA    Zip Code 22302

Purpose of Disbursement  
MERCANT SERVICE CHARGE (OPR)

001

Candidate Name

**THE CONSERVATIVE STRIKEFORCE**Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 03 / 2014
**Transaction ID : SB21B.78777**

Amount of Each Disbursement this Period

12.95

Full Name (Last, First, Middle Initial)

**C. WELLS FARGO BANK**

Mailing Address 1711 FERN ST

City ALEXANDRIA    State VA    Zip Code 22302

Purpose of Disbursement  
AUTHNET GATEWAY BILLING FEE (OPR)

001

Candidate Name

**THE CONSERVATIVE STRIKEFORCE**Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 04 / 2014
**Transaction ID : SB21B.78780**

Amount of Each Disbursement this Period

30.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

93.60

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 125 OF 150

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. WELLS FARGO BANK**

Mailing Address 1711 FERN ST

City	State	Zip Code
ALEXANDRIA	VA	22302

Purpose of Disbursement  
SERVICE CHARGE (TOR)

001

Candidate Name

**THE CONSERVATIVE STRIKEFORCE**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	18	/	2014

**Transaction ID : SB21B.78767**

Amount of Each Disbursement this Period

14.00
-------

Full Name (Last, First, Middle Initial)

**B. WELLS FARGO BANK**

Mailing Address 1711 FERN ST

City	State	Zip Code
ALEXANDRIA	VA	22302

Purpose of Disbursement  
TRANSACTION FEE (OPR)

001

Candidate Name

**THE CONSERVATIVE STRIKEFORCE**Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2014

**Transaction ID : SB21B.78787**

Amount of Each Disbursement this Period

48.50
-------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

62.50
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463403.72
-----------

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

## THE CONSERVATIVE STRIKEFORCE

### A. FRIENDS OF DAVID JOLLY

Date of Disbursement

Transaction ID : SB23.78812

011

Category/  
Type

State: FL District: 13

Amount of Each Disbursement this Period

5000.00

**B.**

Date of Disbursement

### Purpose of Disbursement

Candidate Name

Category/  
Type

☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

Amount of Each Disbursement this Period

**C.**

Date of Disbursement

City	State	Zip Code
------	-------	----------

### Purpose of Disbursement

Candidate Name

Category/  
Type

☐ Primary ☐ General  
☐ Other (specify) ▼

State:  District:

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional).....

**TOTAL** This Period (last page this line number only).....

5000.00

5000.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 127 OF 150

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input checked="" type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

Full Name (Last, First, Middle Initial)

**A. SCOTT B MACKENZIE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		28		2014

Mailing Address 2776 S ARLINGTON MILL DRIVE  
#806

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
LOAN REPAYMENT

009

**Transaction ID : SB26.78811**

Amount of Each Disbursement this Period

700.00
--------

Candidate Name

**THE CONSERVATIVE STRIKEFORCE**Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Amount of Each Disbursement this Period

--

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Amount of Each Disbursement this Period

--

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

700.00
--------

700.00
--------

**SCHEDULE C (FEC Form 3X)****LOANS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE 128 OF 150

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.78810

**THE CONSERVATIVE STRIKEFORCE****LOAN SOURCE** Full Name (Last, First, Middle Initial)

SCOTT B MACKENZIE

Election:

☐ Primary☐ General☐ Other (specify) ▼Mailing Address 2776 S ARLINGTON MILL DRIVE  
#806

City ARLINGTON State VA ZIP Code 22206

Original Amount of Loan

700.00

Cumulative Payment To Date

700.00

Balance Outstanding at Close of This Period

0.00

**TERMS**

Date Incurred

MM / DD / YYYY  
02 / 24 / 2014

Date Due

MM / DD / YYYY  
UPON DEMAND

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount  
Guaranteed  
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

0.00

**TOTALS** This Period (last page in this line only)..... ►

0.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 129 OF 150

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**BASE CONNECT INC**Nature of Debt (Purpose):  
DIRECT MAIL - CREATIVEMailing Address 1155 - 15TH STREET, NW  
SUITE 410City State Zip Code  
WASHINGTON DC 20005

Outstanding Balance Beginning This Period

48346.24

Transaction ID : SD10.4244

Amount Incurred This Period

17762.27

Payment This Period

10834.91

Outstanding Balance at Close of This Period

55273.60

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**CAPITOL CAGING CORP**Nature of Debt (Purpose):  
CAGING SERVICES

Mailing Address 504 SHAW RD

City State Zip Code  
STERLING VA 20166

Outstanding Balance Beginning This Period

2725.06

Transaction ID : SD10.26330

Amount Incurred This Period

11268.42

Payment This Period

12725.06

Outstanding Balance at Close of This Period

1268.42

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**CENTURY DATA SYSTEMS CORP**Nature of Debt (Purpose):  
DATA PROCESSINGMailing Address 1155 - 15TH STREET, NW  
SUITE 410City State Zip Code  
WASHINGTON DC 20005

Outstanding Balance Beginning This Period

17717.77

Transaction ID : SD10.4245

Amount Incurred This Period

0.00

Payment This Period

3426.05

Outstanding Balance at Close of This Period

14291.72

1) **SUBTOTALS** This Period This Page (optional)..... ►

70833.74

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 130 OF 150

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**CONSOLIDATED MAILING SERVICES**

Nature of Debt (Purpose):

DIRECT MAIL - PRINTING &amp; MAILSHOP

Mailing Address 504 SHAW ROAD  
SUITE 206City State Zip Code  
STERLING VA 20166

Outstanding Balance Beginning This Period

72312.41

Transaction ID : SD10.4247

Amount Incurred This Period

23763.10

Payment This Period

16499.11

Outstanding Balance at Close of This Period

79576.40

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**DONOR BUREAU**

Nature of Debt (Purpose):

LIST ENHANCEMENT

Mailing Address 1900 N CULPEPPER ST

City State Zip Code  
ARLINGTON VA 22207

Outstanding Balance Beginning This Period

5718.36

Transaction ID : SD10.26386

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5718.36

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**INTEGRAM**

Nature of Debt (Purpose):

DIRECT MAIL - PRINTING &amp; MAILSHOP

Mailing Address 8421 HILLTOP ROAD

City State Zip Code  
FAIRFAX VA 22031

Outstanding Balance Beginning This Period

18802.32

Transaction ID : SD10.4248

Amount Incurred This Period

13309.26

Payment This Period

17220.46

Outstanding Balance at Close of This Period

14891.12

1) **SUBTOTALS** This Period This Page (optional)..... ►

100185.88

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 131 OF 150

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**THE CONSERVATIVE STRIKEFORCE**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**LEGACY LIST MANAGEMENT INC**Nature of Debt (Purpose):  
LIST RENTALSMailing Address 1155 - 15TH STREET, NW  
SUITE 410City State Zip Code  
WASHINGTON DC 20005

Outstanding Balance Beginning This Period

13229.50

Transaction ID : SD10.4249

Amount Incurred This Period

5333.90

Payment This Period

500.00

Outstanding Balance at Close of This Period

18063.40

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**RHA MARKETING LLC**Nature of Debt (Purpose):  
DIRECT MAIL - PRINTING & MAILSHOP

Mailing Address 1124 RUTLANDVIEW DR

City State Zip Code  
DAVIDSONVILLE MD 21035

Outstanding Balance Beginning This Period

4084.15

Transaction ID : SD10.26401

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4084.15

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

22147.55

2) **TOTALS** This Period (last page this line number only)..... ►

193167.17

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

193167.17

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 132 OF 150  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>THE CONSERVATIVE STRIKEFORCE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00457291	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>ACTIVE ENGAGEMENT LLC</b> [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 31 / 2014	
Mailing Address 44084 RIVERSIDE PKWY SUITE 350		Amount 0.00	
City LANSDOWNE	State VA	Zip Code 20176	Transaction ID : SE.68480
Purpose of Expenditure VOTER CONTACT eMAILS OVER SEVERAL WEEKS		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 31 / 2014
Name of Federal Candidate MARK BEGICH		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AK
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee <b>ACTIVE ENGAGEMENT LLC</b> [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 31 / 2014	
Mailing Address 44084 RIVERSIDE PKWY SUITE 350		Amount 0.00	
City LANSDOWNE	State VA	Zip Code 20176	Transaction ID : SE.68481
Purpose of Expenditure VOTER CONTACT eMAILS OVER SEVERAL WEEKS		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 31 / 2014
Name of Federal Candidate MARK L PRYOR		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures .....			
(c) TOTAL Independent Expenditures.....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
SCOTT B MACKENZIE		[Electronically Filed]	
Signature		Date MM / DD / YYYY 07 / 08 / 2015	

: 97 `A-G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFH`G7 <98I @G `CF`+H9A-N5H-CB  
.

Form/Schedule: SE

Transaction ID : SE.68480

The PAC had previously reported \$25,200 (paid to Active Engagement Inc.) in Independent Expenditures opposing ten (10) candidates for the U.S. Senate with a dissemination date of 4/2/2014. Whereas that date falls outside of the reporting period, the amounts were set to zero within this report and are now reported on the amended 2nd Quarter filing.

Form/Schedule:

Transaction ID:

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 134 OF 150  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>THE CONSERVATIVE STRIKEFORCE</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00457291</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>			
Full Name of Payee <b>ACTIVE ENGAGEMENT LLC</b> <b>[MEMO ITEM]</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">03</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">31</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">2014</div>	
Mailing Address 44084 RIVERSIDE PKWY SUITE 350		Amount <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">0.00</div>	
City LANSDOWNE	State VA	Zip Code 20176	Transaction ID : <b>SE.68482</b> Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">03</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">31</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">2014</div>
Purpose of Expenditure VOTER CONTACT eMAILS OVER SEVERAL WEEKS		Category/ Type <div style="border-bottom: 1px solid black; width: 40px; text-align: center;">004</div>	
Name of Federal Candidate MARK E UDALL		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CO</u> <input type="checkbox"/> Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>ACTIVE ENGAGEMENT LLC</b> <b>[MEMO ITEM]</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">03</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">31</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">2014</div>	
Mailing Address 44084 RIVERSIDE PKWY SUITE 350		Amount <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">0.00</div>	
City LANSDOWNE	State VA	Zip Code 20176	Transaction ID : <b>SE.68483</b> Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">03</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">31</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">2014</div>
Purpose of Expenditure VOTER CONTACT eMAILS OVER SEVERAL WEEKS		Category/ Type <div style="border-bottom: 1px solid black; width: 40px; text-align: center;">004</div>	
Name of Federal Candidate MARY L LANDRIEU		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u> <input type="checkbox"/> Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶		<div style="border-bottom: 1px solid black; width: 100%; text-align: right;">0.00</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶		<div style="border-bottom: 1px solid black; width: 100%; text-align: right;"></div>	
(c) <b>TOTAL</b> Independent Expenditures..... ▶		<div style="border-bottom: 1px solid black; width: 100%; text-align: right;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  <div style="text-align: right;">SCOTT B MACKENZIE</div>		Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">07</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">08</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">2015</div> <div style="text-align: right;">[Electronically Filed]</div>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 135 OF 150  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>THE CONSERVATIVE STRIKEFORCE</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00457291</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>			
Full Name of Payee <b>ACTIVE ENGAGEMENT LLC</b> <b>[MEMO ITEM]</b> Mailing Address 44084 RIVERSIDE PKWY SUITE 350 City LANSDOWNE      State VA      Zip Code 20176 Purpose of Expenditure VOTER CONTACT eMAILS OVER SEVERAL WEEKS      Category/Type <div style="border: 1px solid black; padding: 2px;">004</div>		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 200px;"></div> 0.00 <b>Transaction ID : SE.68484</b> Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>	
Name of Federal Candidate AL FRANKEN <div style="text-align: right;"><input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose</div>		Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: MN	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 200px;"></div> 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <b>ACTIVE ENGAGEMENT LLC</b> <b>[MEMO ITEM]</b> Mailing Address 44084 RIVERSIDE PKWY SUITE 350 City LANSDOWNE      State VA      Zip Code 20176 Purpose of Expenditure VOTER CONTACT eMAILS OVER SEVERAL WEEKS      Category/Type <div style="border: 1px solid black; padding: 2px;">004</div>		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 200px;"></div> 0.00 <b>Transaction ID : SE.68485</b> Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div>	
Name of Federal Candidate JOHN E WALSH <div style="text-align: right;"><input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose</div>		Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: MT	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 200px;"></div> 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶		<div style="display: inline-block; border-bottom: 1px solid black; width: 200px;"></div> 0.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶		<div style="display: inline-block; border-bottom: 1px solid black; width: 200px;"></div>	
(c) <b>TOTAL</b> Independent Expenditures..... ▶		<div style="display: inline-block; border-bottom: 1px solid black; width: 200px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  <div style="text-align: right;">SCOTT B MACKENZIE</div>		Date <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 150px;"></div> 07 / 08 / 2015	

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 136 OF 150  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>THE CONSERVATIVE STRIKEFORCE</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00457291</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>			
Full Name of Payee <b>ACTIVE ENGAGEMENT LLC</b> <b>[MEMO ITEM]</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">03</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">31</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">2014</div>	
Mailing Address 44084 RIVERSIDE PKWY SUITE 350		Amount <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">0.00</div>	
City LANSDOWNE	State VA	Zip Code 20176	Transaction ID : <b>SE.68486</b> Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">03</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">31</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">2014</div>
Purpose of Expenditure VOTER CONTACT eMAILS OVER SEVERAL WEEKS		Category/ Type <div style="border-bottom: 1px solid black; width: 40px; text-align: center;">004</div>	
Name of Federal Candidate JEANNE SHAHEEN		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NH</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">0.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <b>ACTIVE ENGAGEMENT LLC</b> <b>[MEMO ITEM]</b>		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">03</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">31</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">2014</div>	
Mailing Address 44084 RIVERSIDE PKWY SUITE 350		Amount <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">0.00</div>	
City LANSDOWNE	State VA	Zip Code 20176	Transaction ID : <b>SE.68487</b> Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">03</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">31</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">2014</div>
Purpose of Expenditure VOTER CONTACT eMAILS OVER SEVERAL WEEKS		Category/ Type <div style="border-bottom: 1px solid black; width: 40px; text-align: center;">004</div>	
Name of Federal Candidate KAY R HAGAN		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border-bottom: 1px solid black; width: 100%; text-align: right;">0.00</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶		<div style="border-bottom: 1px solid black; width: 100%; text-align: right;">0.00</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶		<div style="border-bottom: 1px solid black; width: 100%; text-align: right;"></div>	
(c) <b>TOTAL</b> Independent Expenditures..... ▶		<div style="border-bottom: 1px solid black; width: 100%; text-align: right;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  <div style="border-bottom: 1px solid black; width: 100%;"></div> SCOTT B MACKENZIE		Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">07</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px; text-align: center;">08</div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px; text-align: center;">2015</div> <div style="text-align: center;">[Electronically Filed]</div>	



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 137 OF 150  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>THE CONSERVATIVE STRIKEFORCE</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00457291</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>			
Full Name of Payee <b>ACTIVE ENGAGEMENT LLC</b> <b>[MEMO ITEM]</b> Mailing Address 44084 RIVERSIDE PKWY SUITE 350 City LANSDOWNE      State VA      Zip Code 20176 Purpose of Expenditure VOTER CONTACT eMAILS OVER SEVERAL WEEKS      Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 0.00 <b>Transaction ID : SE.68488</b> Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>	
Name of Federal Candidate JEFFREY A MERKLEY <div style="text-align: right;"><input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose</div>		Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: OR	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>ACTIVE ENGAGEMENT LLC</b> <b>[MEMO ITEM]</b> Mailing Address 44084 RIVERSIDE PKWY SUITE 350 City LANSDOWNE      State VA      Zip Code 20176 Purpose of Expenditure VOTER CONTACT eMAILS OVER SEVERAL WEEKS      Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Date of Public Distribution/Dissemination <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> Amount <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 0.00 <b>Transaction ID : SE.68489</b> Date of Disbursement or Obligation <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div>	
Name of Federal Candidate MARK J WARNER <div style="text-align: right;"><input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose</div>		Office Sought: <input type="checkbox"/> House    District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: VA	
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶		<div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div> 0.00	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶		<div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>	
(c) <b>TOTAL</b> Independent Expenditures..... ▶		<div style="display: inline-block; border-bottom: 1px solid black; width: 100px;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  <div style="text-align: right;">SCOTT B MACKENZIE</div>		Date <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 40px;"></div> / <div style="display: inline-block; border-bottom: 1px solid black; width: 80px;"></div> 07 / 08 / 2015	

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 138 OF 150  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>THE CONSERVATIVE STRIKEFORCE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00457291	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>			
Full Name of Payee <b>AMERICAN LIBERTY GROUP LLC</b> [MEMO ITEM]		Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 03 / 31 / 2014	
Mailing Address 611 PENNSYLVANIA AVE SE SUITE 227		Amount <span style="border:1px solid black; padding:2px;">0.00</span>	
City WASHINGTON	State DC	Zip Code 20003	Transaction ID : <b>SE.68524</b>
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS		Category/ Type <span style="border:1px solid black; padding:2px;">004</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 03 / 31 / 2014
Name of Federal Candidate MARK BEGICH		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AK
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>AMERICAN LIBERTY GROUP LLC</b> [MEMO ITEM]		Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 03 / 31 / 2014	
Mailing Address 611 PENNSYLVANIA AVE SE SUITE 227		Amount <span style="border:1px solid black; padding:2px;">0.00</span>	
City WASHINGTON	State DC	Zip Code 20003	Transaction ID : <b>SE.68525</b>
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS		Category/ Type <span style="border:1px solid black; padding:2px;">004</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 03 / 31 / 2014
Name of Federal Candidate MARK L PRYOR		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">0.00</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<span style="border:1px solid black; padding:2px;">0.00</span>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶		<span style="border:1px solid black; padding:2px;"></span>	
(c) TOTAL Independent Expenditures..... ▶		<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  SCOTT B MACKENZIE		Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 07 / 08 / 2015	
		[Electronically Filed]	

: 97 'A -G7 9 @ @ B9 CI G' H9 LH' F9 @ H9 8 'HC '5 'F9 DCFH ZG7 <98 I @ 'CF 'H9 A -N5 HCB  
.

Form/Schedule: SE

Transaction ID : SE.68524

The PAC had previously reported \$22,400 (paid to American Liberty Group LLC) in Independent Expenditures opposing ten (10) candidates for the U.S. Senate with a dissemination date of 4/2/2014. Whereas that date falls outside of the reporting period, the amounts were set to zero within this report and are now reported on the amended 2nd Quarter filing.

Form/Schedule:

Transaction ID:

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 140 OF 150  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>THE CONSERVATIVE STRIKEFORCE</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00457291		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>AMERICAN LIBERTY GROUP LLC</b> <b>[MEMO ITEM]</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>03 / 31 / 2014</b>		
Mailing Address 611 PENNSYLVANIA AVE SE SUITE 227			Amount <span style="border: 1px solid black; padding: 2px;">0.00</span>		
City WASHINGTON		State DC	Zip Code 20003		<b>Transaction ID : SE.68526</b>
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>03 / 31 / 2014</b>	
Name of Federal Candidate MARK E UDALL			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">0.00</span>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CO</u>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶					
Full Name of Payee <b>AMERICAN LIBERTY GROUP LLC</b> <b>[MEMO ITEM]</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>03 / 31 / 2014</b>		
Mailing Address 611 PENNSYLVANIA AVE SE SUITE 227			Amount <span style="border: 1px solid black; padding: 2px;">0.00</span>		
City WASHINGTON		State DC	Zip Code 20003		<b>Transaction ID : SE.68527</b>
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>03 / 31 / 2014</b>	
Name of Federal Candidate MARY L LANDRIEU			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">0.00</span>			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶					
<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">0.00</span>		
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
<b>(c) TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature SCOTT B MACKENZIE			Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>07 / 08 / 2015</b>		

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 141 OF 150  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>THE CONSERVATIVE STRIKEFORCE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00457291	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>AMERICAN LIBERTY GROUP LLC</b> [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 31 / 2014	
Mailing Address 611 PENNSYLVANIA AVE SE SUITE 227		Amount 0.00	
City WASHINGTON	State DC	Zip Code 20003	Transaction ID : SE.68528
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 31 / 2014
Name of Federal Candidate AL FRANKEN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MN
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>AMERICAN LIBERTY GROUP LLC</b> [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 31 / 2014	
Mailing Address 611 PENNSYLVANIA AVE SE SUITE 227		Amount 0.00	
City WASHINGTON	State DC	Zip Code 20003	Transaction ID : SE.68529
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 31 / 2014
Name of Federal Candidate JOHN E WALSH		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MT
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
SCOTT B MACKENZIE		[Electronically Filed]	
Signature		Date MM / DD / YYYY 07 / 08 / 2015	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 142 OF 150  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>THE CONSERVATIVE STRIKEFORCE</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00457291       </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>AMERICAN LIBERTY GROUP LLC</b> <b>[MEMO ITEM]</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 03 / 31 / 2014</div> </div>	
Mailing Address 611 PENNSYLVANIA AVE SE SUITE 227		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>	
City WASHINGTON	State DC	Zip Code 20003	<b>Transaction ID : SE.68530</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 03 / 31 / 2014</div> </div>
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate JEANNE SHAHEEN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>AMERICAN LIBERTY GROUP LLC</b> <b>[MEMO ITEM]</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 03 / 31 / 2014</div> </div>	
Mailing Address 611 PENNSYLVANIA AVE SE SUITE 227		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>	
City WASHINGTON	State DC	Zip Code 20003	<b>Transaction ID : SE.68531</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 03 / 31 / 2014</div> </div>
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate KAY R HAGAN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

 MM / DD / YYYY  
 07 / 08 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 143 OF 150  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>THE CONSERVATIVE STRIKEFORCE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00457291	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>AMERICAN LIBERTY GROUP LLC</b> [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 31 / 2014	
Mailing Address 611 PENNSYLVANIA AVE SE SUITE 227		Amount 0.00	
City WASHINGTON	State DC	Zip Code 20003	Transaction ID : SE.68532
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 31 / 2014
Name of Federal Candidate JEFFREY A MERKLEY		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>AMERICAN LIBERTY GROUP LLC</b> [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 31 / 2014	
Mailing Address 611 PENNSYLVANIA AVE SE SUITE 227		Amount 0.00	
City WASHINGTON	State DC	Zip Code 20003	Transaction ID : SE.68533
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 31 / 2014
Name of Federal Candidate MARK J WARNER		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: VA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
SCOTT B MACKENZIE Signature		[Electronically Filed] Date MM / DD / YYYY 07 / 08 / 2015	

Full Name of Payee <b>CLIENT FIRST CONSULTING GROUP LLC</b> <b>[MEMO ITEM]</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>03 / 31 / 2014</div> </div>	
Mailing Address 385 AVERY LN		Amount <div> <div>0.00</div> </div>	
City MEDINA	State OH	Zip Code 44256	Transaction ID : <b>SE.68504</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>03 / 31 / 2014</div> </div>
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS		Category/ Type <div>004</div>	
Name of Federal Candidate MARK L PRYOR		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought <div> <div>0.00</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	<div>0.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	<div></div>
(c) <b>TOTAL</b> Independent Expenditures.....	▶	<div></div>

Three digital displays are shown, each with small squares above the digits. The first display shows '07' with squares above the '0' and '7'. The second display shows '08' with squares above the '0' and '8'. The third display shows '2015' with squares above each digit: '2', '0', '1', and '5'.



: 97 'A -G7 9 @ @ B9 CI G'H9 LH'F9 @ H98 'HC '5 'F9 DCFHŽG7 <98 I @ 'CF 'H9 A -N5 HCB  
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Form/Schedule: SE

Transaction ID : SE.68503

The PAC had previously reported \$21,000 (paid to Client First Consulting Group LLC) in Independent Expenditures opposing ten (10) candidates for the U.S. Senate with a dissemination date of 4/2/2014. Whereas that date falls outside of the reporting period, the amounts were set to zero within this report and are now reported on the amended 2nd Quarter filing.

Form/Schedule:

Transaction ID:

Full Name of Payee <b>CLIENT FIRST CONSULTING GROUP LLC</b> [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 31 / 2014	
Mailing Address 385 AVERY LN		Amount 0.00	
City MEDINA	State OH	Zip Code 44256	Transaction ID : SE.68506
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 31 / 2014
Name of Federal Candidate MARY L LANDRIEU		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	<div style="text-align: right; margin-bottom: 5px;">0.00</div> <div style="display: flex; justify-content: space-between; border-top: 1px solid black; border-bottom: 1px solid black; height: 20px;"> <span></span> <span></span> <span></span> </div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	<div style="display: flex; justify-content: space-between; border-top: 1px solid black; border-bottom: 1px solid black; height: 20px;"> <span></span> <span></span> <span></span> </div>
(c) <b>TOTAL</b> Independent Expenditures.....	▶	<div style="display: flex; justify-content: space-between; border-top: 1px solid black; border-bottom: 1px solid black; height: 20px;"> <span></span> <span></span> <span></span> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date \_\_\_\_\_

Signature

Three examples of 1D barcodes are shown, each consisting of a header and a data field. The first barcode has a header 'MM' and data '07'. The second has a header 'DD' and data '08'. The third has a header 'YYYY' and data '2015'. Each header and data field is represented by a series of vertical bars of varying heights.

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 147 OF 150  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>THE CONSERVATIVE STRIKEFORCE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00457291	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee <b>CLIENT FIRST CONSULTING GROUP LLC</b> [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 31 / 2014	
Mailing Address 385 AVERY LN		Amount 0.00	
City MEDINA	State OH	Zip Code 44256	Transaction ID : SE.68507
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 31 / 2014
Name of Federal Candidate AL FRANKEN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MN
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>CLIENT FIRST CONSULTING GROUP LLC</b> [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 31 / 2014	
Mailing Address 385 AVERY LN		Amount 0.00	
City MEDINA	State OH	Zip Code 44256	Transaction ID : SE.68508
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 31 / 2014
Name of Federal Candidate JOHN E WALSH		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MT
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  SCOTT B MACKENZIE		Date MM / DD / YYYY 07 / 08 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) <b>THE CONSERVATIVE STRIKEFORCE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00457291
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>CLIENT FIRST CONSULTING GROUP LLC</b> [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 31 / 2014	
Mailing Address 385 AVERY LN		Amount 0.00	
City MEDINA	State OH	Zip Code 44256	Transaction ID : SE.68509
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 31 / 2014
Name of Federal Candidate JEANNE SHAHEEN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>CLIENT FIRST CONSULTING GROUP LLC</b> [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 03 / 31 / 2014	
Mailing Address 385 AVERY LN		Amount 0.00	
City MEDINA	State OH	Zip Code 44256	Transaction ID : SE.68510
Purpose of Expenditure VOTER CONTACT CALLS OVER SEVERAL WEEKS		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 03 / 31 / 2014
Name of Federal Candidate KAY R HAGAN		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE  
Signature

[Electronically Filed]

Date MM / DD / YYYY  
07 / 08 / 2015



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 150 OF 150  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>THE CONSERVATIVE STRIKEFORCE</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00457291	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>STRATEGIC CAMPAIGN GROUP INC</b> [MEMO ITEM]		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>03 / 10 / 2014</b>	
Mailing Address 4600 N FAIRFAX DRIVE SUITE 802		Amount <b>4375.00</b>	
City ARLINGTON	State VA	Zip Code 22203	Transaction ID : <b>SE.64373</b>
Purpose of Expenditure GOTV ROBO CALLS	Category/ Type <b>004</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>03 / 10 / 2014</b>	
Name of Federal Candidate DAVID JOLLY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>13</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>FL</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <b>Special-General</b>	
Full Name of Payee <b>STRATEGIC CAMPAIGN GROUP INC</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>03 / 10 / 2014</b>	
Mailing Address 4600 N FAIRFAX DRIVE SUITE 802		Amount <b>4375.00</b>	
City ARLINGTON	State VA	Zip Code 22203	Transaction ID : <b>SE.83252</b>
Purpose of Expenditure GOTV ROBO CALLS	Category/ Type <b>004</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>03 / 25 / 2014</b>	
Name of Federal Candidate DAVID JOLLY		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>13</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>FL</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <b>Special-General</b>	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		<b>4375.00</b>	
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			
(c) TOTAL Independent Expenditures..... ▶		<b>4375.00</b>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature  <b>SCOTT B MACKENZIE</b>		Date M M M / D D D / Y Y Y Y Y Y <b>07 / 08 / 2015</b>	
		[Electronically Filed]	